

Case Number:	CM14-0181491		
Date Assigned:	11/06/2014	Date of Injury:	02/16/2012
Decision Date:	12/17/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old gentleman with a date of injury of 05/17/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/06/2014, 08/19/2014, 08/16/2014, 09/16/2014, and 10/16/2014 indicated the worker was experiencing lower back pain that went into the left leg and pain in both hips. Medication injected near the spinal nerves in the lower back on 06/06/2014 was reported to have had limited benefit. Documented examinations consistently described slow and painful stooped walking, positive testing involving raising a straightened left leg, and decreased feeling in the areas along the paths of the L5 and S1 spinal nerve. The submitted and reviewed documentation concluded the worker was suffering from on-going lower back pain, failed back surgery, left sciatica, degenerative disk disease in the lower back, depression, and being overweight. Treatment recommendations included oral and topical pain medication, continued TENS and back brace use, urinary drug screen testing, and medication injected again near the spinal nerves in the lower back. A Utilization Review decision was rendered on 10/23/2014 recommending non-certification for an epidural steroid injection under fluoroscopic guidance at the L5-S1 level with Kenalog 80mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar epidural steroid injection under fluoroscopic guidance at L5-S1 with 80mg of Kenalog: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, and Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation concluded the worker was suffering from on-going lower back pain, failed back surgery, left sciatica, degenerative disk disease in the lower back, depression, and being overweight. A MRI done on an unrecorded date was suggested to have shown that scar tissue in the lower back was pressing against the left L5 spinal nerve. However, this MRI report, an electrodiagnostic testing report, and/or a detailed description of either were not submitted for review. The reviewed records also did not include a discussion detailing failed conservative treatment; it was suggested there was some benefit obtained from an on-going multimodality treatment approach. In the absence of such evidence, the current request for an epidural steroid injection under fluoroscopic guidance at the L5-S1 level with Kenalog 80mg is not medically necessary.