

Case Number:	CM14-0184365		
Date Assigned:	11/12/2014	Date of Injury:	02/17/2007
Decision Date:	12/16/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 38 year old male with date of injury of 2/17/2007. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine. Subjective complaints include continued pain in the lower back with radiation down the left leg with tingling, numbness and weakness. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation and positive straight leg raise on the left; lumbar MRI shows disc bulge at L5-S1. Treatment has included physical therapy, TENS, epidural steroid injections, and pain mediations. The utilization review dated 10/21/2014 non-certified L5-S1 and S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 and S1 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There are medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, objective findings were documented to specify the dermatomal distribution of pain. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, and the progress reports do document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do indicate other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for L5-S1 and S1 Transforaminal Epidural Steroid Injection is medically necessary.