

Case Number:	CM14-0140180		
Date Assigned:	11/17/2014	Date of Injury:	03/03/1983
Decision Date:	01/05/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine, and is licensed to practice in California. 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:

Injured worker is a 65-year-old male who was injured in an industrial incident on 03/03/83. The primary treating physician's report dated 01/27/14 noted the worker complained of chronic lumbar pain which has flared up the past four months. He complained of pain radiating across the lower back and bilateral hips. Upon physical examination, there was tenderness to bilateral sacroiliac joints. Diagnosis was lumbar region sprain. Treatment included transferring care to physical medicine and rehabilitation physician at the worker's request for evaluation of lumbar epidural steroid injections for ongoing care of chronic lumbar pain. Lumbar MRI performed 03/26/14 showed spondylolisthesis and Grade II L5 upon S1 with bilateral foraminal narrowing, degenerative disc disease at L1-2 and 4-5 without evidence of significant encroachment upon the central canal and multilevel degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at bilateral L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 589-592, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic, per ODG website.

Decision rationale: Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no indication that radicular pain documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing or that it is initially unresponsive to conservative treatment. Therefore, this request is not medically necessary.