

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0157276 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 08/16/2013 |
| Decision Date: | 02/23/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 is a 40-year-old female with an 8/16/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/3/14 noted subjective complaints of low back pain radiating to the right leg. Objective findings included decreased lumbar ROM. Straight leg raise was negative. MRI lumbar spine 10/8/13 showed L4-5 7.3 mm posterior midline disc extrusion with compression upon the thecal sac. There was moderate bilateral foraminal narrowing. Diagnostic Impression: lumbosacral neuritis or radiculitis. Treatment to Date: medication management, prior lumbar ESI, lumbar surgery. A UR decision dated 9/18/14 denied the request for lumbar ESI L5-S1, Right. The outcome of previous epidural steroid injection was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1, Right: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents available for review, there is no documentation of the benefit or lack of benefit from prior ESI. Additionally, there is no clear documentation of objective radiculopathy on physical examination. Therefore, the request for Lumbar Epidural Steroid Injection L5-S1, Right is not medically necessary.