

Case Number:	CM15-0067658		
Date Assigned:	04/15/2015	Date of Injury:	03/26/2013
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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: Emergency Medicine

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 35 year old male with an industrial injury dated 03/26/2013. His diagnosis includes myofascial pain syndrome and lumbar spine pain. Prior treatments include medications, trigger point injections and diagnostics. He presents on 03/04/2015 with complaints of lower back pain. Physical therapy and lumbar epidural steroid injection was pending authorization. Physical exam revealed positive lumbar spine paraspinal muscle trigger points. Four trigger point injections were administered at this visit. MRI of lumbar spine dated 4/21/14 revealed L3-4 and L4-5 degenerative disc disease with lateral osteophyte displacing L4 nerve root. Patient reportedly received an unspecified lumbar epidural injection in 6/2014 that provided "some relief". Treatment plan included medications and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (lumbar/sacroiliac) L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Epidural Steroid Injections (section 722.1).

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. Pain has been stable. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has yet to fully complete physical therapy. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is no documentation of appropriate improvement with prior reported LESI. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.