

Case Number:	CM14-0156292		
Date Assigned:	09/25/2014	Date of Injury:	05/13/2013
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator partially approved a request for bilateral epidural steroid injection at L5-S1 as right-sided L5-S1 epidural steroid injection. The applicant's attorney subsequently appealed. In a June 12, 2014 medical-legal evaluation, it was suggested that the applicant was working regular duty. The applicant had apparently failed to receive a promotion, which she imputed, in part, to the industrial injury and its aftermath. The medical-legal evaluator did conduct a comprehensive review of records and noted lumbar MRI of June 19, 2013, which demonstrated minimal posterior disk bulging and mild facet arthropathy at L4-L5 and L5-S1 with a patent central canal and no neural foraminal narrowing appreciated. The applicant was described as having low back pain secondary to facet arthropathy, it was stated on this occasion. On August 15, 2014, the applicant reported persistent complaints of low back pain radiating to the right arm and right leg, 6 to 7/10. 4/5 right lower extremity strength was noted with positive straight leg raising appreciated. Epidural steroid injection therapy was sought at the L5-S1 level. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at Bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI (epidural steroid injection).

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that the radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this case, the lumbar MRI imaging, referenced above, was essentially negative and failed to uncover any source for the applicant's radicular complaints. Epidural steroid injection therapy, thus, is not indicated here, given the lack of the any radiographic corroboration for the applicant's symptoms. Therefore, the request is not medically necessary.