

Case Number:	CM13-0002908		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2012
Decision Date:	08/07/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/24/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 27-year-old male who reported an injury on 11/06/2012. On 03/04/2014, the injured worker presented with low back pain with associated weakness and numbness in the bilateral legs and swelling in the lumbar spine. He also reported pain radiating to his right leg. Upon examination of the lumbar spine, there was tenderness to palpation, guarding and spasms noted to the paravertebral regions bilaterally, and muscle testing revealed 4/5 strength with flexion, extension and bilateral bending. Range of motion was restricted due to pain and spasms. The diagnoses were lumbar degenerative disc disease, lumbar disc protrusion and lumbar radiculopathy. Prior treatment included a TENS unit. The provider recommended an epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION ESI: LEVEL NOT SPECIFIED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Epidural Steroid Injection (ESI) as an option for the treatment of radicular pain. An epidural steroid injection can offer short-term pain relief, and use should be in conjunction with other rehabilitation efforts, including a home exercise program. There was no information on improved function. The criteria for the use of an ESI include that radiculopathy must be documented by physical examination and corroborated by imaging studies and must be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness and loss of strength. There was no radiculopathy documented by physical examination. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods and medications. The request did not indicate the use of fluoroscopy for guidance in the request. Additionally, the provider's request did not indicate the levels of the injection specified. As such, the request is not medically necessary and appropriate.