

Case Number:	CM13-0019033		
Date Assigned:	10/11/2013	Date of Injury:	11/06/2012
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 physician 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 patient is a 61-year-old female who reported an injury on 11/06/2012. The mechanism of injury was a trip and fall causing a twisting motion. The patient underwent an MRI that revealed mild bilateral stenosis at the L2-3, disc protrusions at the L3-4 level descending on the exiting nerve roots, bilateral subarticular recess stenosis on the exiting L4-5 roots at the L4-5 level. The patient was treated conservatively with aquatic therapy and medications. The patient's most recent clinical evaluation revealed limited range of motion of the lumbar spine described as 60 degrees in flexion, 10 degrees in extension, and 15 degrees in right and left lateral rotation with normal reactive reflexes in the bilateral lower extremities, a bilateral negative straight leg raising test, and no sensory deficits in either lower extremity. The patient's diagnoses included low back pain with radiculopathy. The patient's treatment plan included a pain management consultation for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for epidural steroid injections: 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 Section Page(s): 46.

Decision rationale: The referral to pain management for epidural steroid injections is not medically necessary or appropriate. The clinical documentation submitted for review does contain an MRI that supports nerve root involvement. However, the California Medical Treatment and Utilization Schedule recommends epidural steroid injections for patients with physical findings consistent with nerve root involvement that are corroborated by an imaging study. The use of epidural steroid injections is not recommended based on imaging studies alone. The most recent clinical documentation failed to provide any indication that the patient's pain is radicular in nature. As the clinical documentation does not support an epidural steroid injection and this appears to be the main reason for the referral to pain management, the documentation does not clearly identify how a referral to pain management will provide additional expertise for the patient's treatment plan. As such, the requested referral to pain management for epidural steroid injections is not medically necessary or appropriate.