

Case Number:	CM13-0026962		
Date Assigned:	11/22/2013	Date of Injury:	12/30/2008
Decision Date:	01/22/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 12/30/2008. The patient is currently diagnosed with cervical disc injury with facet arthralgia, lumbar disc injury, rib strain, and left labral strain. The patient was seen by [REDACTED] on 10/08/2013. The patient reported 5-6/10 neck pain with 4-7/10 low back pain. It was noted that an epidural injection for the lumbar spine has been authorized, yet is pending scheduling. Physical examination revealed decreased lordosis, moderate spasm and tenderness over L5-S1 and L4-5 on the right, bilateral flip test is 90 degrees with pain referring to the right posterior thigh, and diminished range of motion. Treatment recommendations included a lumbar epidural steroid injection, continuation of current medications, and cervical medial branch blocks at bilateral C6-7 and C7-T1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Right L4, L5, and S1 Transforaminal Epidural Injections: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. The Guidelines' criteria for the use of epidural steroid injections includes documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of a recent failure to respond to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants prior to the request for a lumbar epidural steroid injection. There is also no documentation of a recent imaging study or electrodiagnostic report to corroborate a diagnosis of lumbar radiculopathy. The patient does not present with symptoms of radiculopathy upon physical examination. Based on the clinical information received, the patient does not currently meet criteria for the requested service. As such, the request for Lumbar Right L4, L5, and S1 Transforaminal Epidural Injection is not medically necessary and appropriate.