

Case Number:	CM13-0030697		
Date Assigned:	11/27/2013	Date of Injury:	01/27/2012
Decision Date:	01/09/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

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, has a subspecialty in 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 57 year old male who reported an injury on 01/27/2012 after his right foot was run over by a pallet jack. He was subsequently diagnosed with L4-5 herniated disc and cervical disc disease. The patient does, however, have a history of low back problems dating back to 1982. Per the most recent clinical notes provided, the patient complained of pain. He exhibited no motor weakness except a one time mention of 4/5 weakness of the left ankle dorsiflexors. The notes are also unclear in whether the patient has positive straight leg raises; some of the most recent notes state the test was negative bilaterally, some stated positive on right, some stated positive on left, some stated positive but the side was not specified. There was also a one time mention of decreased sensation to the left foot, but the extent of which was not stated. Included in the medical records was an EMG performed in July 2013, which reported abnormal findings suggestive of bilateral chronic, active L5 radiculopathy. The medical records state that the patient has been unsuccessful with conservative, nonoperative care, although no objective findings of the efficacy of therapy, a home exercise program, or medication use was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Guidelines state that an epidural steroid injection can offer short term pain relief of radicular symptoms to allow the patient to participate in a simultaneous rehabilitative or home exercise program in order to improve range of motion. Injections are recommended as a second line treatment after failed objective findings and documentation of NSAIDS, oral corticosteroids, and activity modification. The Guidelines also state that the injection alone offers no significant long term benefit. Due to the lack of documentation of previously failed conservative care, a specified injection site, objective documentation of ongoing radicular symptoms, and evidence of a planned physical therapy or home exercise program to be done in conjunction with the injection, the request for epidural steroid injection unspecified levels is non-certified. The request for outpatient lumbar epidural steroid injection unspecified levels is not medically necessary and appropriate.