

Case Number:	CM13-0037046		
Date Assigned:	01/03/2014	Date of Injury:	05/19/2001
Decision Date:	03/20/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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 Emergency 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:

Patient with injury date on 5/19/2001. Original mechanism not provided. Recent exacerbation reported on 11/27/12 as patient "threw out his back" while working outside his home on a basket ball hoop. Patient has a diagnosis of degenerative spondylosis of lumbar spine, lumbago and lumbar radiculopathy. Reports review from [REDACTED] with last report available up to 1/17/14. Pt complaining of chronic low back pain. Pain reported at 7-8/10. Some difficulty with sleeping. Objective exam reports only pain over lumbar spine. There is no comprehensive physical exam, neurological exam or any radiographic reports provided. Pt is reportedly on Oxymorphone ER and dilaudid. There is a report that patient was on Transcutaneous Electrical Stimulation therapy but no note on this therapy was found. Last lumbar epidural steroid injection was done on 12/11/12. Pt reports a 60% improvement in pain after injection. Utilization review is for inter laminal lumbar epidural steroid injection of L4-L5. Prior Utilization Review on 9/27/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Lumbar Epidural Steroid Injection L4-L5: Upheld

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

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

Decision rationale: According to MTUS guidelines, epidural steroid injections for radicular pain is an option and may be recommended as it does provide some short term pain relief although there does not seem to be significant long term improvement. According to the MTUS, it has specific guidelines that must be met before it can be recommended. Guidelines require documentation of radiculopathy(defined as "pain in dermatomal distribution with corroborative findings of radiculopathy") with physical exam, electrodiagnostic studies and radiological findings. Provided information on chart does not provide any information as to dermatomal distribution of pain or even much details of the pain during physical exam. There is no provided corroborative electrodiagnostics studies to support a diagnosis of radiculopathy and the treating physician did not provide any radiographic reports to support radiculopathy to meet the criteria as defined by the MTUS guidelines. Due to the lack of documentation provided, the employee does not meet the guideline requirements and therefore epidural steroid injection is not recommended.