

Case Number:	CM13-0039696		
Date Assigned:	12/20/2013	Date of Injury:	02/25/2010
Decision Date:	06/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 38-year-old male who reported an injury on 02/05/2010, secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/11/2013 for reports of continued low back pain and lower extremity pain. The exam noted decreased range of motion past 30 degrees of flexion, 15 degrees of extension and 10 degrees of lateral rotation. A positive straight leg raise bilaterally and tenderness to the lumbar area down to the sacrum were noted on the exam. There was also decreased sensation to the right lateral calf with diminished deep tendon reflexes to the right Achilles. Diagnoses included a lumbar strain/sprain, lumbar disc disease, sacroiliitis and myofasciitis. The treatment plan included an epidural steroid injection to the lumbar spine and continued medications. The Request for Authorization dated 11/11/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI TO LUMBAR SPINE VIA INTERLAMINAR TRANSFORAMINAL APPROACH: 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 Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend an ESI to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The guidelines state that the injured worker should be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. There was no indication if fluoroscopy would be used during the procedure. There was also a significant lack of documentation of the efficacy of conservative therapies. Furthermore, the specific area of the lumbar spine to be injected is absent from the request. Therefore, based on the documentation provided, the request is not medically necessary.