

Case Number:	CM13-0040877		
Date Assigned:	12/20/2013	Date of Injury:	09/12/2012
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 9/12/12. A utilization review determination dated 10/9/13 recommends non-certification of lumbar epidural steroid injection disc level L4-5, L5-S1 noting that there was mention of a plan to perform lumbar facet blocks in addition to the lumbar ESI, which is contraindicated when utilized concurrently. The reviewer also mentioned that there was no documented electrodiagnostic study to help clarify lumbar radiculopathy at the L4-S1 levels when correlated with the physical exam and lumbar MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection disc level L4-5 and L5-S1: 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 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy and that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. Within the documentation available for review, there is no documentation of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, it appears that the request was made in conjunction with a request for facet joint injections, which is not supported for concurrent use by the MTUS Chronic Pain Guidelines as the inclusion of both procedures can make it difficult or impossible to determine which pain generator(s) is/are present. In light of the above issues, the currently requested lumbar epidural steroid injection disc level L4-5, L5-S1 is not medically necessary and appropriate.