

Case Number:	CM13-0042588		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2008
Decision Date:	02/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/20/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 49 year old female who reported an injury on 08/13/2008. The mechanism of injury was not provided for review. Prior treatments included epidural steroid injections, physical therapy, a TENS unit, and medication management. The patient's most recent clinical evaluation revealed restricted cervical range of motion secondary to pain, and tenderness to palpation over the lumbar facets from the L3 to S1, bilateral sacroiliac joint tenderness on the left side, tenderness to palpation along the paraspinal musculature, and pain with lumbar range of motion. The patient's diagnoses included cervical pain with radiculopathy, lumbosacral radiculopathy, spondylosis of the cervical spine, and shoulder degenerative disease. The patient's treatment plan included continuation of medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural injection at L4-L5, L5-S1 under fluoroscopy and anesthesia times one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural Steroid Injecti.

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

Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections.

Decision rationale: The outpatient lumbar epidural steroid injection at the L4-5 and L5-S1 under fluoroscopy and anesthesia times 1 is not medically necessary or appropriate. The clinical documentation submitted for review does not provide evidence that the patient has any radicular complaints. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular pain that is documented by physical findings, and corroborated by an imaging study, that have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has physical findings of radiculopathy. Additionally, there is no imaging study of the lumbar spine to support nerve root involvement. The clinical documentation submitted for review does provide evidence that the patient has previously had epidural steroid injections. The California Medical Treatment Utilization Schedule recommends repeat injections to be based on at least 50% pain relief for approximately 6 to 8 weeks from the initial injection. The clinical documentation does not clearly identify if the previous epidural steroid injection therapy was for the cervical or lumbar spine, and at what levels the injections were given. Also, there was no documentation to support the efficacy of the prior injections. Therefore, the need for additional injections is not supported by guideline recommendations. Additionally, Official Disability Guidelines do not recommend the routine use of anesthesia for epidural steroid injections. Clinical documentation submitted for review does not reflect any extreme anxiety of the patient in regards to needles or the surgical procedure. Therefore, anesthesia would not be supported. As such, the requested outpatient lumbar epidural steroid injection at L4-5 and L5-S1 under fluoroscopy and anesthesia times 1 is not medically necessary or appropriate.