

Case Number:	CM13-0043523		
Date Assigned:	06/09/2014	Date of Injury:	05/19/2008
Decision Date:	08/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation 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 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 33-year-old female who reported an injury on 05/19/2008 due to an unknown mechanism. The injured worker had a physical examination on 06/03/2014 with complaints of pain preventing her from standing up straight and causing increased pain with bending backwards or after bending forward and standing back up straight again. The injured worker is requesting evaluation for interventional treatment to add to her medications, which are helping her about 30%. The injured worker was taking Norco 7.5, Nucynta 100 mg, Zanaflex in the evening. The injured worker complained of having some trouble sleeping and would like to add an antidepressant to her medication regimen. Physical examination revealed increased pain with extension and facet loading of the lumbar spine. Straight leg raise produced back pain bilaterally, radiating into the lower extremities. The injured worker was slow to arise from a seated position. The treatment plan was to start Nortriptyline 25 mg (1 tab at bedtime). The request for diagnostic lumbar facet nerve blocks was to be submitted. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar lumbar ESI (Epidural Steroid Injection) for right L5-S1 under fluoroscopic guidance with IV (Intravenous) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45, 46.

Decision rationale: It was mentioned in the report that the injured worker is not responding well to conservative care. The documents submitted for review are missing diagnostic studies, physical therapy reports, and VAS (Visual Analog Scale) pain scores. Medications tried and failed were not reported. The California Medical Treatment Utilization Schedule states epidural steroid injections are recommended as an option for treatment for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of epidural steroid injections includes: (1) radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants). (3) Injections should be performed using fluoroscopy (live X-ray) for guidance. The injured worker does not have a diagnosis of radiculopathy. Also, diagnostic studies were not submitted for review. It was not reported that the injured worker is doing a home based exercise program. Therefore, the request for translaminar lumbar ESI (Epidural Steroid Injection) for right L5-S1 under fluoroscopic guidance with IV (Intravenous) sedation is not medically necessary and appropriate.