

Case Number:	CM13-0046660		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2009
Decision Date:	04/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Sports Medicine 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:

This is a 54 year-old male patient with a reported work related injury, 12/03/2009, and the mechanism of injury was not provided. The diagnosis was disc displacement NOS. MRI showed a left L2-3 protrusion, but no pathology at L4-5 and the patient had a left L2-3 transforaminal epidural steroid injection in 08/2013, and the results were not provided. On physical exam, the findings were that the patient had a positive left straight leg raise and the treating physician's treatment plan was done for a left L4-5 selective nerve block. However, the MRI showed disc pathology at L2-3 only. There was no EMG to indicate radiculopathy at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTIONS OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46..

Decision rationale: The purpose of an Epidural Steroid Injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The request for injections of diagnostic or therapeutic substances not including neurolytic substances including needle or catheter replacement is non-certified. The documentation/request submitted for review failed to include the level at which the injection was to be given as well as no diagnostic studies to corroborate any radiculopathy were included. The CA MTUS Guidelines do support an epidural steroid injection for radicular pain if radiculopathy is corroborated by imaging. Given that the documentation submitted did not provide the level at which the injection was to be given as well as lacking a MRI, the request is non-certified.