

Case Number:	CM13-0053486		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2011
Decision Date:	03/18/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 patient is a 51-year old gentleman with a date of injury of 3/14/11. The patient returns in follow-up on 9/16/13 with 5/10 low back pain that is localized to the coccyx. Pain increases with sitting for long periods of time. There are no documented symptoms suggestive of neuropathic etiology. Exam shows tender paraspinals and reduced ROM. There are no neurologic abnormalities recorded. There are no findings suggestive of nerve root irritation/compression. MRI from 8/17/13 shows moderate disc protrusions at L4-5 and L5-S1. Diagnoses are toxic exposure, vision problems, lumbosacral sprain/strain and psyche issues. Continued pain medications, spine consultation, and toxicologist consultation are recommended. Ophthalmology referral is also made. There is no discussion of prior conservative measures or interim clinical history since the original date of injury from 3 years ago. A request for lumbar ESI was considered in Utilization and Review, and the procedure was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection; L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostics. The patient must have failed conservative care. In this case, there is no clinical summary of treatment to date prior to consideration of ESI (failure of conservative measures). Most importantly, there are no symptoms or exam findings that suggest the clinical diagnosis of lumbar radiculopathy. ESI is not indicated for MRI findings of disc protrusion in absence of the clinical syndrome of radiculopathy. Medical necessity is not established for epidural steroid injection procedures.