

Case Number:	CM13-0056101		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2012
Decision Date:	08/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 61-year-old male who reported an injury on 03/27/2012 due to cumulative trauma. On 10/23/2013, the injured worker presented with low back pain. Upon the examination, there was a well-healed midline scar and diffuse tenderness over the paraspinal musculature, moderate facet tenderness from L3 to L5 and a positive straight leg raise to the left. The lumbar range of motion values were 10 degrees of bilateral bending, 40 degrees of bilateral flexion, and 5 degrees of bilateral extension. The diagnoses were status post lumbar fusion at L4-5, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and chronic pain. Prior therapy included a fusion at L4-5, medications, and therapy. The provider recommended a lumbar epidural steroid injection, due to radicular symptoms on physical examination and neural foraminal stenosis on the MRI. A request for authorization form was not included the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 request for lumbar epidural steroid injection is non-certified. According to the MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. The medical documentation notes that the injured worker had diffuse tenderness over the paraspinal musculature with moderate facet tenderness from the L3 to L5, there was a left sided positive straight leg raise, and decreased range of motion to the lumbar spine. There was a lack of documentation that the injured worker had failed conservative care treatments to include medication and physical therapy. There was also a lack of right sided radiculopathy noted on physical examination. The provider's request does not indicate the site of the requested epidural steroid injection or the number of injections being requested. There was no radiculopathy noted on physical exam and corroborated by imaging studies. As such, the request is not medically necessary.