

Case Number:	CM13-0064732		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2008
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 reported an injury on 11/31/2008. The mechanism of injury was not provided. The most recent documentation submitted for review was dated 07/05/2013 which revealed the injured worker had low back pain with right greater than left lower extremity symptoms. The injured worker had tenderness to the lumbar spine and a lower extremity neurologic evaluation that was unchanged. The diagnosis included status lumbar decompression L5 through S1 and lumbar radiculopathy. The treatment per the documentation was physical therapy, MRI of the right wrist and MRI of the left elbow as well as pain management consultation. The submitted request was for a trial of 3 lumbar epidural steroid injections at L5 through S1

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF 3 LUMBAR EPIDURAL STEROID INJECTIONS AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

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

Decision rationale: California MTUS Guidelines recommend that for an epidural steroid injection there should be documentation of objective physical examination findings that are corroborated by imaging studies and/or electrodiagnostic testing. The injured worker's pain must be initially unresponsive to conservative treatment. In this case, the injured worker had an EMG/NCV on 02/27/2013 which revealed mild ulnar neuropathy at the elbow and a normal EMG and nerve conduction study of both lower extremities. There was no evidence of lumbar radiculopathy, plexopathy or peripheral nerve injury bilaterally. There was a lack of documentation indicating the injured worker had an objective physical examination. There was no PR2 submitted for the requested service. There was a lack of documentation indicating the injured worker had pain that was initially unresponsive to conservative treatment. The request as submitted failed to indicate the laterality for the epidural steroid injection. There was the lack of documentation indicating a necessity for a trial of 3 lumbar injections without re-evaluation. Given the above, the request for a trial of 3 lumbar epidural steroid injections at L5 through S1 is not medically necessary.