

Case Number:	CM13-0068572		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2003
Decision Date:	06/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 55 year old female with reported date of injury on 03/06/2003. The mechanism of injury was not provided in the clinical documentation available for review. The injured worker complained of cervical radiculopathy and low back pain. The MRI of the lumbar spine was performed on 10/30/2007, and the L5-S1 showed moderate-severe narrowing. According to the physical exam dated 11/05/2013, the injured worker's low back range of motion was reported as flexion 30 degrees, extension 10 degrees, right and left bending 20 degrees. The injured workers diagnoses included cervical spine disc bulge with radiculopathy, thoracic spine strain, status post lumbar spine surgery, right shoulder strain and "probable" fibromyalgia. The injured workers medication regimen included Oxycodone, Oxymorphone, Soma and Prilosec. The request for authorization of a caudal lumbar ESI was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL LUMBAR ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections..

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. Furthermore, injections should be performed using fluoroscopy for guidance. According to the clinical documentation provided for review, the injured worker was not diagnosed with lumbar radiculopathy. There is a lack of documentation indicating the injured worker had findings of significant radiculopathy upon physical exam corroborated by imaging studies or electrodiagnostic testing. Therefore, the request for a caudal lumbar ESI is not medically necessary and appropriate.