

Case Number:	CM13-0070492		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2009
Decision Date:	05/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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:

The injured worker is a 58 year old female who reported an injury on 05/27/2009 secondary to an unknown mechanism of injury. She was evaluated on 12/04/2013 and reported wellcontrolled pain with medications. She also reported significant sleepiness as a side effect of her medications. Medications at the time of the evaluation were noted to include Norco 10/325, Soma 350mg, Butrans patches, Motrin 600mg, and Nuvigil 150mg. On physical exam, she was noted to have limited range of motion of the back in all directions and tenderness to palpation over the spinous process in the lumbar and sacral region. She was noted to have been treated previously with a laminectomy of unknown date and anatomical site. The injured worker was recommended for an epidural steroid injection for pain control and to decreased meds. A request for authorization was submitted on 12/05/2013 for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (NEED LEVELS): 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: The request for lumbar epidural steroid injection (need levels) is non-certified. California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies in order to warrant the use of epidural steroid injections. There is no evidence in the documentation submitted for review that the injured worker has experienced radicular pain symptoms, nor is the injured worker noted to be experiencing pain of any severity as of the most recent evaluation. Furthermore, there were no imaging studies available in the documentation submitted for review. On physical exam, there were no deficits noted with regard to sensation, deep tendon reflexes, or muscle strength, and there were no other objective findings of radiculopathy documented. Guidelines also state that the epidural steroid injections should only be considered if the injured worker has been initially unresponsive to conservative treatment. While the injured worker is noted to have experienced sleepiness with medications, this does not indicate a failure of medication therapy. There is no evidence that the injured worker would not benefit from medication management, and there is no documentation of treatment with physical therapy. Therefore, there is a lack of evidence to indicate failure of conservative care. Additionally, guidelines provide specific recommendations regarding initial use of an epidural steroid injection to include the recommended number of nerve root levels and recommendations for fluoroscopy. The request as written does not specify the site(s) of injection or the intention to use fluoroscopy. As such, the request for lumbar epidural steroid injection (need levels) is not medically necessary and appropriate.