

Case Number:	CM13-0070670		
Date Assigned:	01/08/2014	Date of Injury:	05/16/2013
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Pain Management 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:

Treatment to date has included NSAIDs, opioids, narcotics, activity modification, physical therapy, and prolonged rest. Progress notes reviewed from 2013 revealed that the patient has been complaining of chronic bilateral foot, ankle, and knee pain. Physical examination showed: tenderness over the medial and lateral area, decreased range of motion, and edema of both ankles and feet. The current status of the patient is unknown. The EMG/NCV of bilateral lower extremities, dated 10/15/2013, revealed bilateral chronic active L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION @ R L5-S1 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As noted on page 300 of the MTUS ACOEM Guidelines and page 46 of Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative

treatment. In page 46 of the Chronic Pain Medical Treatment Guidelines, documentation of failure of conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants) is included in the criteria for the use of epidural steroid injection. In this case, lumbar epidural steroid injection is prescribed so that the patient may avoid surgery. There is documentation of radiculopathy as evidenced by EMG-NCV. However, proper documentation of conservative management failure is lacking. There is likewise no comprehensive physical examination, i.e. motor testing, reflex testing, sensory exam, presence/absence of atrophy, and provocative testing that warrants a diagnosis of radiculopathy. Therefore, the request for lumbar epidural steroid injection is not medically necessary.