MAXIMUS Federal Services

Case Number:	CM14-0001291		
Date Assigned:	01/22/2014	Date of Injury:	12/31/1998
Decision Date:	06/10/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/03/2014

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 56 year old male who reported a back injury on 12/31/0998; the mechanism of injury was not provided within the documents provided. Within the clinical note dated 11/13/2013 it was noted the injured worker reported neck pain, low back pain, and bilateral thigh pain. The physical exam of the lumbar spine reported diminished L3, L4, L5, and S1 dermatomal two point discrimination tests. Diagnoses include neck pain, cervical radiculitis/myelopathy, pain lumbar spine, herniated lumbar disc, radiculitis lumbar spine, and degenerative disc lumbosacral. The request for authorization was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION; BILATERAL L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain with certain criteria. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. Within the provided documentation there was a lack of documentation of findings of radiculopathy. Thee requesting physician did not include an MRI of the lumbar spine to corroborate any significant physical exam findings. Additionally, it is unclear if there has been an exhaustion of conservative care. Lastly, the guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection is not medically necessary.