

Case Number:	CM14-0002222		
Date Assigned:	01/24/2014	Date of Injury:	12/29/2010
Decision Date:	06/26/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male with a reported date of injury of 12/29/2010. The mechanism of injury was not included in the documentation provided for review. The injured worker complained of severe pain from the mid to lower back, ribs pain and headaches. The injured worker's lumbar MRI performed on 10/17/2013 revealed L3-4, 1.4 mm disc protrusion; at L4-5, a 1.5 mm disc protrusion; at L5-S1, a 1.9 mm disc protrusion. According to the clinical note dated 12/10/2013, the physician noted that the injured worker had "signs" of radiculopathy. The injured worker's diagnosis included cervical, thoracic, and lumbar spine disc herniation at multiple levels. The injured worker's medication regimen included alprazolam, Norco, and Soma. The request for authorization of lumbar epidural steroid injection at L2-3 was submitted on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

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

Decision rationale: According to California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Criteria for epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the documentation must include initially unresponsive to conservative treatment, exercises, physical methods, NSAIDs, and muscle relaxants. Although the physician notes on the physical exam the patient has continued radiating pain towards his lower extremities, there is no diagnostic evidence of neural foraminal stenosis or nerve root impingement at the requested injection level. The documentation provided for review stated that the injured worker had a brief period of physical therapy at the time of injury. There is lack of documentation regarding functional deficits or increased functional ability related to physical therapy. As California MTUS Guidelines recommend radiculopathy must be documented by physical exam and corroborated by imaging studies, the request did not meet the recommended guidelines. The request for lumbar epidural steroid injection is unclear. Therefore, the request for lumbar epidural steroid injection at L2-3 is not medically necessary.