

Case Number:	CM14-0003640		
Date Assigned:	01/31/2014	Date of Injury:	01/08/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 27 year old male who reported a pulling injury to his lower back and buttocks on 01/08/2013. Within the clinical note dated 01/16/2014 the injured worker reported fatigue and an improvement of pain but not enough to decrease oral medication. The physical exam reported the injured worker had restricted range of motion secondary to pain, decreased sensation over the lumbar spine and positive straight leg test bilaterally. The official EMG dated 09/04/2013 reported there was a lack of remarkable findings and there was no evidence of L2-S1 radiculopathy. 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:

OUTPATIENT L4-5 AND L5-S1 EPIDURAL INJECTIONS (ESI) TIMES THEREE:

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, ,

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

Decision rationale: The MTUS Chronic Pain Guidelines may recommend epidural steroid injections (ESIs) to decrease pain and promote functional improvement for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing who have been initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. In addition, the MTUS Chronic Pain Guidelines state that a "series of three" ESIs is not recommended as early recommendations for a "series of three" were primarily based on anecdotal evidence. However, research has now shown that, on average, less than two injections are required for a successful ESI outcome. The injured worker had an EMG done that did not confirm the diagnosis of radiculopathy in the lower extremities and there were no significant physical exam findings consistent with L4-5 and L5-S1 radiculopathy. Additionally, it is unclear that there has been an exhaustion of conservative care. Moreover, the request is for a series of three injections and is contradicted by the MTUS Chronic Pain Guidelines. Lastly, the MTUS Chronic Pain Guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. Hence, the request is not medically necessary and appropriate.