

Case Number:	CM14-0006614		
Date Assigned:	02/07/2014	Date of Injury:	12/15/2010
Decision Date:	06/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 Family Practice, and is licensed to practice in California, Tennessee, and Virginia. 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 60-year-old who sustained an injury to her low back on December 15, 2010. It was noted that the injured worker is postoperative, but the specific surgical procedure that was performed was not documented. The injured worker complained of pain in the back, left buttocks, knee, back of thigh and the medial side of the thigh. Physical examination findings were not provided. There was no recent detailed physical examination of the lumbar spine provided for review. There were no physical therapy notes provided for review. There was no imaging report provided for review. It was indicated that the patient has been treated with opioid and NSAID (non-steroidal anti-inflammatory drug) medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION, UNSPECIFIED LEVEL OF SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Opioids Specific Drug List Pag. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), 45 and the Opioids Specific Drug List, page 92.

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

Decision rationale: The request for epidural steroid injection, unspecified level of the spine is not medically necessary. The level/laterality was not specified in the request. It was unclear if it was a lumbar epidural steroid injection or a cervical epidural steroid injection. There was no recent detailed physical examination of the lumbar spine provided for review. There were no imaging reports provided for review. The Chronic Pain Medical Treatment Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Chronic Pain Medical Treatment Guidelines also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker completed to date or the injured worker's response to any previous conservative treatment. The request for an epidural steroid injection, unspecified level of spine, is not medically necessary or appropriate.