

Case Number:	CM14-0008380		
Date Assigned:	02/10/2014	Date of Injury:	01/08/1987
Decision Date:	09/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 01/08/1987. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc displacement, lumbosacral spondylosis, acquired spondylolisthesis and chronic pain syndrome. The previous treatment included medication, x-rays, and injection in the foot. Within the clinical note dated 12/16/2013 it was reported the injured worker complained of intense back pain. He complained of left foot pain, ankle pain, leg and knee pain. Upon the physical examination the provider noted the injured worker's back was stiff, loss of lumbar lordosis. He noted the injured worker raised from the chair with no difficulty. The provider requested a lumbar epidural steroid injection. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION TIMES ONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 46.

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

Decision rationale: The request for LUMBAR EPIDURAL STEROID INJECTION TIMES ONE is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if an epidural steroid injection is used for diagnostic purposes, a maximum of 2 injections should be performed. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The request submitted failed to provide the level of injections to be performed. Therefore, the request is not medically necessary.

FLUOROSCOPE GUIDANCE FOR REQUESTED LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 46.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.