

Case Number:	CM14-0107010		
Date Assigned:	08/01/2014	Date of Injury:	11/24/2010
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain 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 51 year old female who sustained an injury to her low back on 11/24/10. The mechanism of injury was not documented. Most recent progress reports were handwritten in cursive and difficult to decipher. Progress report dated 05/29/14 reported that the injured worker complained of severe pain. She stated that she was unable to stand/walk because of the pain. She ambulated with a cane. The pain was located everywhere. Physical examination noted tenderness over the neck/trapezius, bilateral shoulders, elbows, pelvis, and groin with associated stiffness, spasms, and limited range of motion without any motor or sensory deficits. The injured worker was diagnosed with sprain/strain of the lumbar spine. The injured worker completed approximately 10 visits of biofeedback with no significant benefit. Treatment to date has included physical therapy, biofeedback, medication, active activity modifications and work restrictions. The injured worker was advised to follow up to the clinic in four weeks following lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for epidural steroid injection of the lumbar spine is not medically necessary. The basis for denial of previous request was not provided for review. The level/laterality was not specified in the request. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging study provided for review that would correlate with recent physical examination findings of an active radiculopathy at any level in the lumbar spine. There was no recent legible detailed physical examination of the lumbar spine provided for review that would indicate any decreased motor strength, increased reflex or sensory deficits in a dermatomal distribution. The California MTUS also stated that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxant). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication the injured worker was actively participating in a home exercise program. Given this, the request for epidural steroid injection of the lumbar spine is not indicated as medically necessary.