

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0012430 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 04/03/2011 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 58-year-old female who has submitted a claim for lumbar sprain, radiculitis, and disc protrusion associated with an industrial injury date of April 3, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent lower back pain. Physical examination of the lumbar spine showed stiffness in the L4-L5, restricted extension at 25 degrees due to pain, positive straight leg raise (SLR) bilaterally, and 1+ knee and ankle jerks bilaterally. There were no imaging or electrodiagnostic studies included in the medical records. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants, anticonvulsants, topical analgesics, and home exercise programs. Utilization review from December 26, 2013 denied the request for lumbar epidural steroid injection (ESI). Reason for denial is unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient reported that oral pain medications help improve the lower back pain. There was persistence of symptoms despite intake of multiple oral medications. Physical examination findings are compatible with radiculopathy on the left lower extremity. However, there were no imaging and electrodiagnostic studies included in the medical records to corroborate radiculopathy in this case. In addition, the request did not specify the levels and laterality of the requested lumbar epidural steroid injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.