

Case Number:	CM14-0012878		
Date Assigned:	06/11/2014	Date of Injury:	07/15/2013
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 49-year-old male who reported an injury on 07/15/2013 due to a fall. The injured worker complained of pain in the mid to lower lumbar region. On 02/24/2014 the physical examination revealed negative neurological findings in the following areas numbness, tingling, tremors, seizures, vertigo, dizziness, and any focal or diffuse neurological deficits. The motor strength was rated 5/5. The injured worker has a current diagnosis of a dislocated lumbar. On 07/22/2013 the injured worker had a physical therapy evaluation, however, there was no documentation that would indicate that he had consistent therapy sessions or that he was unresponsive to physical therapy treatment. The injured worker is on the following medications Celebrex 200mg, Flexeril 10mg, Restoril 15mg, and Nucynta 50mg. The current treatment plan is for translaminar epidural steroid injection. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSLAMINAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The request for the translaminar epidural steroid injection is not medically necessary. The injured worker has a history of pain in the mid to lower lumbar region. The CA MTUS guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. On physical examination, 02/24/2014 there was no evidence of radiculopathy to support this request, and an MRI was not provided to corroborate with the physical examination. In addition, there was lack documentation provided in regards to conservative care. Furthermore, the request does not include the intended level(s). Given the above, the request for translaminar epidural steroid injection is not medically necessary.