

Case Number:	CM14-0015846		
Date Assigned:	03/03/2014	Date of Injury:	03/02/2009
Decision Date:	09/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 03/02/2009. The mechanism of injury was not provided for clinical review. The diagnoses included cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, and diabetes. The previous treatments included medication, and an epidural steroid injection at T8-10. The diagnostic testing included an MRI of the thoracic spine and an EMG/NCV. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of low back pain which radiated to the bilateral lower extremities to the level of the foot. The injured worker complained of neck pain that radiated to the bilateral upper extremities. The injured worker rated his pain at 8/10 in severity with medication and 10/10 in severity without medication. The injured worker reported coccyx pain and bilateral groin pain. Upon the physical examination, the provider noted the injured worker's range of motion of the lumbar spine revealed moderate reduction, secondary to pain. The injured worker had tenderness of the lumbar spine at L4-S1. The provider noted the injured worker had lumbar fascial tenderness, and paraspinal muscle spasms. The provider requested an epidural steroid injection. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL EPIDURAL STEROID INJECTION, T8-T10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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 epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myeloma distribution. The injured worker has previously undergone an epidural steroid injection; however, there is a lack of documentation indicating the injured worker had a decrease in medication or a 50% reduction in pain relief or functional improvement from the previous injection. Therefore, the request is not medically necessary.