

Case Number:	CM14-0017055		
Date Assigned:	04/16/2014	Date of Injury:	11/12/2010
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 53-year-old male who reported an injury on 11/12/2010. The mechanism of injury was the injured worker was walking on boards over a hole and fell in the hole. The documentation of 01/07/2014 revealed the injured worker had normal deep tendon reflexes bilaterally. The injured worker had sensory deficit in the bilateral feet with no motor deficit, muscle tone, and no clonus. The diagnoses included lumbar pain and lumbar stenosis. The plan included a lumbar epidural steroid injection at L5-S1 and MS-Contin, Oxycodone hydrochloride, and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Epidural Steroid Injection.

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who have documented objective findings of radiculopathy upon examination that is corroborated by imaging studies and/or

electrodiagnostics and the pain is unresponsive to conservative care. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination. However, there was lack of documentation of specificity regarding the decreased sensation. The request as submitted failed to indicate the laterality for the requested service. There was no MRI submitted for review to support the necessity for an epidural steroid injection. There was lack of documentation indicating the duration and type of conservative care that was received. There was lack of documentation indicating if the injured worker had a prior epidural steroid injection as the injury was in 2010. Given the above, the request for lumbar epidural steroid injection at L5-S1 is not medically necessary.