

Case Number:	CM14-0019177		
Date Assigned:	04/23/2014	Date of Injury:	08/31/2010
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 54-year-old male who reported an injury on 08/31/2010. The injured worker was seen for a clinical evaluation on 12/10/2013 with complaints of lumbar pain and lower extremity pain. The physical exam findings included 4/5 motor tests and positive straight leg raises bilaterally. The assessment concludes with a diagnosis of chronic pain, lumbar stenosis and lumbar radiculitis. A MRI (magnetic resonance imaging) dated 07/13/2013 impression is significant for L4-L5 spinal canal stenosis and left greater than right exiting L4 nerve root compression. The treatment plan is to return to productive activity at home, refills of Ultram, Cyclobenzaprine and Naproxen. A request for authorization for medical treatment is dated 01/24/2014 and included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 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 Page(s): 46.

Decision rationale: The request for bilateral L4-5 Epidural steroid injection is non-certified. The CA MTUS Chronic Pain Medical Treatment guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker should have failed conservative treatment. The clinical records do not indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are ineffective or that physical therapy has been initiated for symptoms. The injured worker has 4/5 weakness on physical examination; however, the notes do not specify which muscle(s) have weakness. Therefore, there is a lack of physical examination findings to support radiculopathy at the L4-5 level. Furthermore, the request does not include fluoroscopy which is recommended per guidelines for an epidural steroid injection. The criteria set in the guidelines for an ESI is not met with the furnished review; therefore the request is non-certified.