

Case Number:	CM14-0019281		
Date Assigned:	04/21/2014	Date of Injury:	07/25/2012
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
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 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 underlying date of injury in this case is 07/25/2012. The primary treating diagnosis is a lumbosacral strain. The mechanism of injury is a cumulative trauma injury from 07/25/2012 to the present. On 12/11/2013, the patient underwent an interim orthopedic evaluation. The treating orthopedist noted that the patient had undergone a series of tests including MRI studies with positive findings for herniated cervical and lumbar discs. The patient was noted to have multiple disc herniations/protrusions in the lumbar spine at L4-5 and L3-4, and also at C5-6 and C6-7. The treating orthopedist stated the patient had not responded to conservative care, and therefore the physician recommended a series of cervical and lumbar epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF CERVICAL AND LUMBAR EPIDURAL INJECTIONS: 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 Medical Treatment Utilization Schedule, section on epidural injection, page 46, states that radiculopathy must be documented on physical examination findings and

corroborated by imaging studies and/or electrodiagnostic testing. The medical records at this time do not contain such corroboration, and in fact they are nonspecific in terms of what level the epidural injections are requested. Additionally, the request is for "a series" of injections, although the number of injections in the series is not clear; the treatment guidelines recommend a second injection only if there is a response to the first, and the treatment guidelines do not support a series of three injections overall. Thus for multiple reasons this request is nonspecific and not supported by sufficient clinical data. This request is not medically necessary.