

Case Number:	CM14-0111728		
Date Assigned:	08/01/2014	Date of Injury:	06/02/2014
Decision Date:	10/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 36 year old male injured on 06/02/14 as a result of an exacerbation of previous low back pain while driving a semi-truck. The injured worker has a history of lumbar surgery in 2002. The clinical note dated 06/18/14 indicated the injured worker presented complaining of lumbar spine, right shoulder, and left knee pain treated with Voltaren ER, Prilosec, Norflex, and Norco. The injured worker reported progressive left lower extremity pain and numbness. The injured worker reported over previous month symptoms worsened requiring multiple visits to the emergency department with subsequent admission to the hospital. MRI revealed non-surgical lesion. The injured worker was offered an epidural steroid injection. The injured worker was prescribed oral Morphine, Flexeril, Prednisone, Dilaudid, and Senokot. The injured worker reported epidural steroid injection pending; however, physical therapy has not been completed. Physical examination revealed non-tender along lumbar spinous processes, non-tender along bilateral paralumbar regions, decreased sensation at L4, L5, and S1 dermatomes, positive straight leg raise on the left, decreased ankle jerk of 1+ on the left, 2+ on the right, knee jerk symmetric at 2+, and 5/5 motor strength in the bilateral lower extremities. The official diagnostic study reports were not provided for review. The initial request for a referral epidural cortisone injection and follow up was non-certified on 07/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Additionally, there is no indication the injured worker has failed all attempts at conservative therapy prior to injection therapy. As such, the request for an epidural cortisone injection cannot be recommended as medically necessary.

Follow-Up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back Complaints, Follow-up visits, Online Version.

Decision rationale: As noted in the low back complaints section of the California MTUS, follow-up evaluations should occur no later than 1 week into the acute pain period. ACOEM indicates, at the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. The request did not specify the intent for follow-up and issues to be addressed. As such, the request for Follow-up cannot be recommended as medically necessary at this time.