

Case Number:	CM14-0121903		
Date Assigned:	08/06/2014	Date of Injury:	01/03/2005
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 45-year-old female who reported an injury on 01/03/2005. The mechanism of injury was not included within the documentation. The injured worker's diagnoses were noted to lumbago and pain in joint of lower leg. The injured worker had prior treatments of injection and medications. Diagnostic testing was noted to be an x-ray and an MRI. Her subjective complaints were noted to be back pain. The pertinent objective physical exam findings revealed orthotics to the left lower limb. There was no knee extension. No focal deficit. Good ankle range of motion and strength. Her medication was noted to be Norco. The treatment plan was noted to be use of orthotics in the lower limb, of a recommendation for injection. The provider's rationale for the request was noted within the examination. A Request for Authorization form was not provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-S1 # 1 and # 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for lumbar epidural steroid injection L4-S1, #1 and #2 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long term functional benefit. Criteria for use of epidural steroid injections include radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Documentation must state unresponsive to conservative treatments such as exercises, physical methods, NSAIDs, and muscle relaxants. The provider's request should note of fluoroscopy for guidance. The documentation submitted for review does not indicate radiculopathy. In addition, the documentation fails to provide failed conservative treatments. The provider's request does not indicate use of fluoroscopy for guidance. The request, therefore, is non-certified.