

Case Number:	CM14-0123159		
Date Assigned:	08/08/2014	Date of Injury:	12/21/1998
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 and is licensed to practice in Alabama. 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 58 year old female who was injured on 12/21/1998. The mechanism of injury is unknown. Past medication history Celebrex, Norco, Restoril, Vicodin, and Motrin. She has been treated conservatively with aqua therapy, lumbar epidural steroid injection and physical therapy. Prior utilization review dated 07/24/2014 states the request for Lumbar Epidural Steroid Injection to Lumbar-4-Sacral-1, # 1 is denied

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection to Lumbar-4-Sacral-1, # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) ; Summary of evidence and Recommendations Page(s): 46; 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic, Epidural steroid injections (ESIs).

Decision rationale: The above CA MTUS and ODG guidelines state that the criteria for epidural steroid injections include "Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present.

Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing." In addition, the guidelines state that "no more than one interlaminar level should be injected at one session." In this case, progress note from 6/12/14 does not offer any demonstration of documented radiculopathy or objective findings on examination to corroborate a diagnosis of radiculopathy. There are only findings of "normal sensory exam... deep tendon reflexes: left patellar, right patellar... 5/5 graded muscle strength" of all listed muscles as well as "(-) bilateral straight leg raise." In addition, the request is for L4-S1 epidural steroid injection, which is more than one interlaminar level. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Follow-up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Office visits.

Decision rationale: The above ACOEM guidelines state that "subsequent follow-up can occur when there is need for altered treatment. Typically, this will be no later than 1 week into the acute pain period. At the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months." In this case, because there has been no authorization for lumbar epidural steroid injection, there is a need for altered treatment plan. A follow-up appointment is necessary to address the new plan now that the epidural steroid injection plan has been denied or changed. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.