

Case Number:	CM14-0125394		
Date Assigned:	09/24/2014	Date of Injury:	03/28/2013
Decision Date:	11/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

This patient sustained an injury on March 28, 2013 while employed by the Sheriff's Department. Request(s) under consideration include Right L4-5 and L5-S1 Lumbar Epidural Steroid Injection. Diagnoses include upper arm joint pain; disc displacement/ lumbar radiculitis; possible labral tear; possible sacroilitis; right lateral epicondylitis/ radial collateral ligament (RCL) sprain. Conservative care has included medications, therapy, right L4-5 and L5-S1 lumbar transforaminal epidural steroid injection (7/25/13); and modified activities/rest. Report of August 29, 2013 subsequent to the transforaminal epidural steroid injecting (TFESI) had no mention of the injection or its efficacy with recommendation for ultrasound guided SI joint injection planned and performed at that visit. Report of April 18, 2014 from the provider had noted ulnar nerve injury without discussion of lumbar radiculopathy. Report of June 20, 2014 from the provider noted the patient with lumbar degenerative joint disease (DJD)/ foraminal narrowing and disc herniation on right. The patient noted right leg radicular symptoms with associated numbness. Exam showed diffuse decreased sensation at right lower extremity. The provider had no mention of previous lumbar epidural steroid injections (LESI) efficacy or MRI findings. Treatment included plan for electrodiagnostic study and ESI. The request(s) for Right L4-5 and L5-S1 Lumbar Epidural Steroid Injection was non-certified on July 15, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for the use of Epidural Steroid Injections

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

Decision rationale: The 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); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. There was no mention or report of functional improvement post previous injections and the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2013 injury. Criteria for repeating the epidurals have not been met or established. The Right L4-5 and L5-S1 Lumbar Epidural Steroid Injection is not medically necessary and appropriate.