

Case Number:	CM14-0128283		
Date Assigned:	09/05/2014	Date of Injury:	04/30/2012
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The injured worker is a 57-year-old male who reported an injury on 04/30/2012; while lifting a case of drinks, he felt a pain to his back. The injured worker had a history of back pain. The diagnosis included lumbar strain and lumbar radiculopathy. Past treatments included physical therapy, at least 24 visits; manual therapy 34 visits; ice; home exercise program, medication; a lumbar brace; and injections. Medications included Valium, Naproxen, Zanaflex, and Percocet. Diagnostics included the MRI to the lumbar region. The physical therapy dated 12/04/2013 of the lumbar spine revealed the injured worker was doing well at that point, with no particular complaints. Decreased range of motion to the lumbar spine secondary to pain, incision was healed nicely, no signs of infection. Treatment plan included epidural steroid injections. The Request for Authorization dated 09/05/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided S1 epidural steroid injection: 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, Page(s): 46.

Decision rationale: The request for the left sided S1 epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. The epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for the epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing on physical examination and corroborated by imaging study, be initially unresponsive to conservative care. While considering treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. The injured worker had a fusion performed, and the 6 weeks postop clinical notes indicated that the injured worker has decreased range of motion; however, all other findings were normal. As such, the request is not medically necessary.