

Case Number:	CM14-0136560		
Date Assigned:	09/03/2014	Date of Injury:	02/05/2013
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency 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 46 year old female who reported an injury on 02/05/2013 due to an unknown mechanism of injury. The injured worker was diagnosed with left shoulder impingement disorder, and lumbar spine radiculopathy to the left lower extremity. The injured worker was treated with medications and a home exercise program. The medical records did not indicate diagnostics or surgeries. The clinical note dated 07/08/2014 noted the injured worker had lumbar spine pain which radiated to the right buttock and left ankle. The clinical note dated 08/19/2014 noted the injured worker complained of constant pain in the lumbar spine rated 8/10 with difficulty walking. The injured worker had no findings noted on the evaluation that correlated with the request in the medical records. The injured worker was prescribed Tramadol 50mg, Cyclobenzaprine 10mg, Omeprazole 20mg, and Mentherm. The treatment plan was for a lumbar epidural steroid injection pain management. The request for authorization was not submitted for 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 PAIN MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management, Page(s): 78..

Decision rationale: The request for lumbar epidural steroid injection pain management is not medically necessary. The injured worker is diagnosed with lumbar spine radiculopathy to the left lower extremity. The injured worker complained of constant pain in the lumbar spine rated 8/10 with difficulty walking. The physician recommended a pain management consultation to determine the injured worker's need for an epidural steroid injection. The California MTUS Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker's medical records lack documentation of the efficacy of conservative treatment for the lumbar spine. There is a lack of documentation of a neurologic examination which demonstrates significant neurologic deficits for which an epidural steroid injection would be indicated. As such, the request for lumbar epidural steroid injection pain management is not medically necessary.