

Case Number:	CM14-0138600		
Date Assigned:	09/05/2014	Date of Injury:	11/17/2010
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Texas and Ohio. 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 32-year-old male who reported an injury on 11/17/2010 reportedly when he tried to grab a metal bar on a tractor, struck dorsum right first MCP, fell onto buttocks. The injured worker's treatment history included surgery, MRI studies, medications, epidural steroid injections, and physical therapy sessions. The injured worker was evaluated on 09/08/2014 and it was documented that the injured worker complained of low back pain radiating down to the left hip, buttock, and leg. The severity of pain was rated at 7/10 on the Visual Analog Pain Scale. The symptoms were present for several years, and originally occurred in the context of a previous work related injury (fall from a tractor) and subsequent surgery. The symptoms are constant and worse at night and are made worse by prolonged walking and lying down, and alleviated by rest. He was status post lumbar fusion without relief. The pain was associated with left popping. Physical examination of the lumbar spine was normally aligned in the sagittal and coronal planes. The back was tender with palpation over the facet joint on the left at L3-4 and L4-5. The sciatic notch and posterior superior iliac spine are not tender to palpation. Range of motion was normal in flexion. There was pain with rotational torsion in a clockwise/counterclockwise fashion. Provocation of pain was noted with facet joint loading. FABERE and Patrick's tests were positive. Straight leg raise supine and sitting was negative. Medications included Percocet, Valium, Lyrica, and Norco. Diagnoses included spinal stenosis, degenerative disc disease of the lumbar spine, lumbar radiculopathy, status post prior spinal surgery bilateral 1 level lumbar hemilaminotomy/medial facetectomy/foraminotomy at L5-S1, left S1 joint dysfunction, and left L3-4, L4-5 facet syndrome. The Request for Authorization dated 09/10/2014 was for lumbar epidural steroid injection, no level specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (no level specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving epidural steroid injection however, there was no mentioned of functional improvement in activities of daily living or duration of improvement after receiving the injection. The request failed to indicate location where injection is required. As such, the request for Lumbar epidural steroid injections (no level specified) is not medically necessary.