

Case Number:	CM14-0138854		
Date Assigned:	09/05/2014	Date of Injury:	04/03/1998
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
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 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 64-year-old male who reported a work related injury on 04/03/1998. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar spine pain and degenerative disc disease of the lumbar spine. Past treatment, diagnostic tests, and surgical history were not provided for review. Upon examination on 08/04/2014, the injured worker stated that his lumbar spine was terrible and he started losing balance over the past 2 weeks. He rated his pain as a 9/10 on the VAS pain scale. Upon physical examination, it was noted that the injured worker appeared to be well developed, well nourished, well groomed, with normal habitus and deformities. The injured worker's prescribed medications were not provided for review. Treatment plan consisted of 3 series of lumbar spine epidural steroid injections with fluoroscopy. The rationale for the request was to relieve lumbar spine pain. The Request for Authorization form was submitted for review on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 series of 3 lumbar spine epidural steroid injections with fluoroscopy.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.acoempracguide.org/Low Back; Table 2, Summary of Recommendations Low Back Disorders>.

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

Decision rationale: The request for 3 series of 3 lumbar spine epidural steroid injections with fluoroscopy is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Furthermore, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation provided for review, upon physical examination, there were no signs to coincide with radiculopathy, such as sensory changes or motor strength deficits in a specific dermatomal or myotomal distribution. Additionally, it is noted within the guidelines that a series of 3 injections is not recommended as medically necessary based on current evidence based medicine. Therefore, the request for 3 series of 3 lumbar spine epidural steroid injections with fluoroscopy is not medically necessary.