

Case Number:	CM14-0158116		
Date Assigned:	10/01/2014	Date of Injury:	09/29/2011
Decision Date:	11/07/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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 patient is a 57 year old male who was injured on 08/28/2003 when he slipped and fell at work injuring his right ankle. He underwent right ankle surgery in 07/27/2013. Prior medication history included Alprazolam, Duexis, hydrocodone, Diclofenac sodium, omeprazole and Gabapentin. The patient has received physical therapy in the past which has provided him with no relief. The patient was seen on 07/21/2014 for cervical spine pain as well as lumbar spine pain that is sharp and achy in nature. He reported increased pain with repetitive activity. On exam, he has tenderness to palpation over the paraspinals of the cervical and lumbar spine. There is lumbar spine spasm present with decreased range of motion. He is diagnosed with cervical and lumbar spine herniated disc pulposus. This patient was recommended for a LESI. The patient is noted to be taking medications and his pain level ranges from 5-7/10 and can increase to 8/10. There are no documented failed first line treatments or any mention of other conservative measures that have failed in the reports provided. Prior utilization review dated 08/28/2014 states the request for Lumbar Epidural Steroid Injection is denied as there is a lack of documented evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The MTUS guidelines state the criteria for the use of an epidural injection is to reduce pain and inflammation, restore range of motion, and facilitate progress in more active treatment programs, and avoiding surgery. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There should be documentation of unresponsive conservative treatments such as exercises, physical methods, NSAIDs and muscle relaxants. No more than two nerve root levels injected at a time. There is a lack of documentation of radiculopathy documented by imaging or physical exam. The injured worker stated he had no relief from physical therapy. There was no documentation of addictiveness of medications being taken. There is a lack of documentation in the request for the nerve root level the injection is to be given at. Therefore the request for epidural steroid injections is not medically necessary.