

Case Number:	CM14-0167265		
Date Assigned:	10/14/2014	Date of Injury:	08/02/2011
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 30-year-old male who reported an injury on 08/02/2011. The mechanism of injury was when a cane tipped over and hit the injured worker on the back of the head and shoulder, and knocked him to the ground. The diagnoses included low back pain with radiculopathy, and disc protrusion. The previous treatments included medications, and physical therapy. The diagnostic testing included an MRI of the lumbar spine, x-ray of the lumbar spine and hips on 10/15/2013, and a CT of the head. Within the clinical note dated 08/20/2014, it was reported the injured worker continued with pulsing headaches and low back, hip, and knee pain. He describes the pain as stabbing in nature. Upon physical examination, the provider noted the injured worker to have decreased lateral bending of the left and right, flexion and extension about 25% with pain at L4-5, and L5-S1. The provider requested lumbar epidural steroid injections; however a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Inject L5-S1: 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 (ESI) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injections L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is lack of official imaging studies, including an MRI, to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment. The request submitted failed to provide the number of injections to be administered. There is lack of significant neurological deficits, such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.