

Case Number:	CM14-0175680		
Date Assigned:	10/28/2014	Date of Injury:	10/18/2008
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 Pain Medicine and Orthopedic Surgery and is licensed to practice in Texas and Virginia. 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 66-year-old male who reported an injury on 10/18/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spine strain with degenerative disc disease, thoracic spine/strain, lumbar spine strain with degenerative disc disease, bilateral thumb base with joint arthritis, bilateral carpal tunnel syndrome and left cubital tunnel syndrome. Past medical treatment consists of cognitive behavioral therapy, injections, and medication therapy. Medications consist of Butrans patch, tramadol, clonazepam, Nexium and Tizanidine. It was indicated that a urinalysis was collected on 07/11/2014 showing that the injured worker was compliant with prescription medications. There were no imaging studies submitted for review of the injured worker's lumbar spine. On 09/29/2014 the injured worker complained of low back pain. It was documented that the injured worker rated the pain at a 9/10. Physical examination of the lumbar spine revealed that the injured worker had guarding and muscle spasm. Range of motion revealed tenderness to palpation at the paraspinal musculature. There was decreased sensation to light touch at the bilateral leg. Medical treatment plan is for the injured worker to undergo lumbar epidural steroid injections. The rationale and request for authorization form were 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection (ESI) Page(s): 46.

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

Decision rationale: The documentation submitted for review did not provide images of the injured worker's lumbar spine. It was not indicated in the documentation that the injured worker had tried and failed conservative treatment. Additionally, physical findings did not indicate any functional deficits to the injured worker's lumbar spine. Furthermore, the request as submitted did not indicate what part of the lumbar spine the provider felt the injured worker needed the epidural steroid injection, nor did it indicate whether it was going to be performed using fluoroscopy. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.