

Case Number:	CM14-0178001		
Date Assigned:	10/31/2014	Date of Injury:	08/01/2012
Decision Date:	12/08/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation and Pain 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 74-year-old male who reported an injury when he stepped off a deep curb and fell on his right knee on 08/01/2012. On 06/06/2014, his diagnoses included right sided radicular pain, degenerative arthritis, depression, hypertension, and T12 compression fracture. His complaints included right lower lumbar pain radiating down the right leg. Upon examination, he had midline spinal tenderness in the lumbar area and paralumbar tenderness greater on the right side than on the left. The treatment plan and recommendations included the consideration of a lumbar epidural steroid injection. There was no rationale included in this injured worker's chart. A request for authorization dated 10/10/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lumbar Epidural Steroid Injection L4-5 DOS: 7/3/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, low Back Chapter, Criteria for the use of Epidural steroid injections

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

Decision rationale: The request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/03/2014 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines do not support this request. Therefore, this request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/03/2014 is not medically necessary.

Retrospective:Lumbar Epidural Steroid Injection L4-5 DOS: 7/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, low Back Chapter, Criteria for the use of Epidural steroid injections

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

Decision rationale: The request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/17/2014 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines do not support this request. Therefore, this request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/17/2014 is not medically necessary.

Retrospective:Lumbar Epidural Steroid Injection L4-5 DOS: 7/31/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, low Back Chapter, Criteria for the use of Epidural steroid injections

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

Decision rationale: The request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/31/2014 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines do not support this request. Therefore, this request for retrospective lumbar epidural steroid injection L4-5 DOS: 07/31/2014 is not medically necessary.