MAXIMUS Federal Services

Case Number:	CM14-0181205		
Date Assigned:	11/06/2014	Date of Injury:	10/15/2013
Decision Date:	12/12/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 59-year-old male who reported injury on 10/15/2013 while lifting a nightstand and felt a pop to his back. The diagnoses included lumbar strain and lumbar radiculopathy. The diagnostics of the lumbar spine dated 04/03/2014 revealed stable minimal degenerative disc facet changes with minimal central canal neural foraminal stenosis. The medications included Norco, Trazodone, and naproxen. Prior treatments included medication. The objective findings dated 10/14/2014 revealed the injured worker was alert and awake and oriented x3 with no acute distress noted. He ambulated with an antalgic gait and slow pace. Lumbosacral spine revealed diffusely tender to the paraspinal muscles with well-preserved muscle bulk, joint contours, coordination, strength, and sensation. Range of motion with forward bending was 10 to 25 degrees and painful and extension was 0 degrees and painful. Sitting slump test and straight leg raise was negative. Deep tendon reflexes were 2+. Treatment plan included an epidural steroid injection. The Request for Authorization dated 11/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for treatment for epidural steroid injection by anethesiologist [redacted]:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291,Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The decision for referral for treatment for epidural steroid injection by anesthesiologist. The California MTUS Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical notes indicate the injured worker was in no acute distress. They also indicated that the medication was effective for pain; however, no functional measurement or efficacy of the pain medication was provided. Additionally, the documentation lacked evidence that the injured worker had failed any conservative management that would include home exercise and/or physical therapy. As such, the request is not medically necessary.