

Case Number:	CM14-0181816		
Date Assigned:	11/06/2014	Date of Injury:	01/24/2008
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in 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 67-year-old female who reported an injury on 01/24/2008. The injury occurred when the patient fell. The injured worker treatment history included left sided L4-5 micro discectomy on 02/21/2008, aqua therapy sessions, MRI of the lumbar spine, physical therapy sessions. The injured worker had undergone an MRI of the lumbar spine on 05/07/2013 that showed L3-4 stenosis with extension facet arthropathy with 3 mm L4-5 herniated disc with lumbar stenosis. The injured worker had an epidural steroid injection in 2013. The injured worker was evaluated on 09/24/2014 and it was documented the injured worker complained of back pain. It was noted that the injured worker had significant improvement in her back pain for months after she had an epidural steroid injection. It was noted that the injured worker was in the [REDACTED] weight loss program. Objective findings of the lumbar spine revealed tenderness about the lower lumbar paravertebral musculature. Forward flexion was to 45 degrees, extension was to 10 degrees and lateral bending was to 30 degrees. There was a negative sitting straight leg raise bilaterally. Diagnoses included lumbar spinal stenosis, L3-4. Treatment plan included a Request for Authorization for a repeat epidural steroid injection for the lumbar spine. The Request for Authorization dated 09/30/2014 was for an ESI lumbar injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, previous functional improvement was not provided for the injured worker. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request nor the levels that is requiring the ESI injection. As such, the request is not medically necessary.