

Case Number:	CM14-0183078		
Date Assigned:	11/10/2014	Date of Injury:	01/18/2008
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 49-year-old male with a 1/18/08 date of injury. The mechanism of injury occurred when he was loading a truck, his right knee gave out, and he fell down hitting his head on another truck. As he fell down, he injured his neck, mid back, low back, as well as both knees. According to a progress report dated 9/3/14, the patient complained of pain in the lower back, mid back, and right knee. The pain radiated to the bilateral lower extremities. He rated the pain on average at about 5/10. Objective findings: limited to vital signs. Diagnostic impression: pain in lower leg, pain in shoulder region, unspecified backache. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 10/27/14 denied the request for 1 left lumbar selective epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopic guidance. There is no objective documentation of a radiculopathy. There is also no documentation of failure of recent conservative treatment measures including exercises and physical methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar selective epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.
Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the reports provided for review, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. In addition, there were no objective findings of radiculopathy documented by physical examination. Therefore, the request for left lumbar selective epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopic guidance is not medically necessary.