

Case Number:	CM14-0183136		
Date Assigned:	11/07/2014	Date of Injury:	12/21/2013
Decision Date:	12/30/2014	UR Denial Date:	10/01/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old male with a 12/21/13 date of injury, when he slipped and fell when exiting his vehicle and hit his low back. The patient was seen on 7/25/14 with complaints of low back pain. Exam findings revealed diffuse tenderness to the lumbar spine and paravertebral muscles. The patient ambulated with a cane. The diagnosis is lumbar disc herniation and radiculopathy and lumbago. An MRI of the lumbar spine dated 2/28/14 revealed: mild multilevel spondylosis consistent with age, broad-based right paracentral disc bulge coupled with ligamentum flavum hypertrophy that causes moderate, right greater than left foraminal root entry zone at the L5-S1 level. Nerve conductive study (NCS) dated 6/23/14 revealed right L5/S1 radiculopathy. Treatment to date: work restrictions, physical therapy (PT), and medications including Flexeril. An adverse determination was received on 10/1/14 for a lack of the requested epidural steroid injection (ESI) level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: Upheld

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

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

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. However the progress notes indicated that the patient had radiculopathy, which was documented on the imaging studies, the requesting physician did not specify the site and level of the lumbar epidural spinal injection. Therefore, the request for lumbar epidural injection was not medically necessary.