

Case Number:	CM14-0021637		
Date Assigned:	05/09/2014	Date of Injury:	03/12/2010
Decision Date:	07/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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, Pulmonary Diseases, 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 34-year-old female with a reported injury on 03/12/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/31/2014 reported that the injured worker complained of low back and right leg pain. The physical examination of the injured worker's lumbar spine revealed mild to moderate tenderness over the paraspinals with muscle spasm and myofascial restrictions. Sensation was noted as decreased to the right lateral lower extremity L4-5 dermatome. Straight leg raise positive bilaterally. The injured worker's diagnoses included lumbar radiculitis, chronic pain syndrome, myalgia and myositis, numbness, sacroiliac joint pain, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. The injured worker's prescribed medication list included Levothyroxine, naproxen, Lyrica, Soma, Loestrin, and Norco. The provider requested epidural steroid injections to the lumbar area. The rationale was not provided within the clinical notes. The request for authorization was submitted on 02/20/2014. The injured worker's prior treatments included physical therapy and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION AT L5-S1 BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections (ESIs).

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

Decision rationale: The injured worker complained of low back and right leg pain. The treating physician's rationale for the lumbar epidural steroid injections was not provided within the clinical documentation. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. The clinical documentation indicating physical examination findings of radiculopathy with corroborated evidence on imaging were not provided. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Moreover, the guidelines recommend this procedure to be done under fluoroscopy and the request does not contain this recommendation. Given the information provided, there is insufficient evidence to determine appropriateness of Lumbar Epidural Steroid Injections to warrant medical necessity; thus, the request is non-certified.