

Case Number:	CM14-0025828		
Date Assigned:	06/13/2014	Date of Injury:	07/30/2012
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Illinois. 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 56 year old male who reported an injury on 07/30/2012 due to a fall when the plastic applicator for wrapping boxes broke. The injured worker complained of upper back pain, neck pain, left knee pain and low back pain. The injured worker stated that the left knee pain comes and goes. The pain does not radiate but is constant. The injured worker rated his pain at a 6/10 on a VAS scale. Physical examination revealed that he was tender to the lumbar area. There were no deformities, defects or swelling about the dorso-lumbar spine. There was evidence of scoliosis or kyphosis. Lasegue, Bowstring and straight leg raising test were negative bilaterally. The lumbar spine revealed notable tenderness and notable swelling. The injured worker flexed forward to 80 degrees, extended to 10 degrees and laterally bended to 10 degrees bilaterally. The injured worker has diagnoses of cervical spine degeneration osteoarthritis, lumbar spine L5-S1 disk protrusion with degenerative osteoarthritis and left partial knee replacement. Medications to include Tylenol, Norco, Prilosec and Thermacare heat patches. No dosage or duration noted for medications. The report submitted shows no subjective or objective evidence of failed conservative care. The treatment plan was for a series of lumbar epidural steroid injections-units requested three (3). The rationale and request for authorization form were not submitted in report for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF LUMBAR EPIDURAL STEROID INJECTIONS-UNITS REQUESTED
THREE (3): Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for series of lumbar epidural steroid injections-units requested three (3) is non-certified. The injured worker complained of upper back pain, neck pain, left knee pain and low back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI (Epidural Steroid Injection) is rarely recommended. Criteria for the use of ESIs are as followed 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker showed no evidence of having radiculopathy, there were no physical findings or corroboration by imaging. There was also a lack of documentation showing whether the injured worker was initially unresponsive to conservative care. Furthermore the request is for 3 epidural steroid injections exceeding the recommended initial first injection. As such, the request for series three (3) of lumbar epidural steroid injections is not medically necessary and appropriate.