

Case Number:	CM14-0028505		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2012
Decision Date:	08/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery and is licensed to practice in Florida. 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 38 year old male who reported an injury on 10/09/2012. The mechanism of injury was not provided. On 12/05/2013, the injured worker presented with neck and upper back pain. He also reported occasional numbness to the upper extremities and low back pain that radiated to the right lower extremity with numbness and tingling. Upon examination, there was tenderness to palpation over the bilateral paravertebral musculature and bilateral trapezial musculature and a positive bilateral straight leg raise. The diagnoses were a lumbar spine with radiculopathy to the right lower extremity. Prior treatment included physical therapy and medications. The provider recommended a lumbar epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, an epidural steroid injection may be recommended to facilitate progress when there is radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. The documentation submitted for review stated that the injured worker had a positive bilateral straight leg raise test. There was no mention of failure of conservative treatment to include physical therapy and medication. There were no sensory deficits noted. Motor strength was within normal limits. The documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. There was no radiculopathy corroborated by imaging studies and physical examination. Moreover, the provider's request does not indicate the site of the requested injection. As such, the request is not medically necessary and appropriate.