

Case Number:	CM14-0030177		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2008
Decision Date:	07/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation, 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 29-year-old male who reported an injury on 11/18/2008. The mechanism of injury was not provided. On 01/27/2014, the injured worker presented with lower back pain. Upon examination, the injured worker had difficulty walking with a cane, had minimally tenderness muscles to palpation, negative straight leg raise, intact bilateral sensation, no subluxation noted. Prior therapy included pain management medications. The diagnoses were acute low back pain, a history of spine surgery, and status post microdecompression. The provider recommended a lumbar epidural steroid injection with fluoroscopy. 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:

1 Lumbar Epidural Steroid Injection with Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a lumbar epidural steroid injection with fluoroscopy is not medically necessary. The California MTUS Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an epidural steroid injection include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injection should be used performing fluoroscopy and no more than 2 root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical exam or corroborated with imaging studies. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment which would include exercises, physical methods and medication. The request also did not indicate the site of the intended injection. As such, the request is not medically necessary.