

Case Number:	CM14-0031124		
Date Assigned:	07/23/2014	Date of Injury:	10/28/2013
Decision Date:	08/27/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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, Pain Medicine 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 28-year-old male who reported an injury on 10/28/2013. The mechanism of injury was not provided in the medical records. His diagnoses include lumbago and degenerative disc disease. His previous treatments were noted to include a Medrol Dosepak. An MRI reportedly revealed disc protrusions at the L4-5 and L5-S1 levels with facet arthrosis and foraminal narrowing. However, the formal MRI report was not submitted for review. On 02/03/2014, the injured worker presented with complaints of low back pain and leg weakness. He rated his pain 9/10. His physical examination revealed diminished plantarflexion and dorsiflexion motor strength and diminished bilateral Achilles reflexes. The treatment plan was noted to include a lumbar epidural steroid injection. A clear rationale for the request was not provided. The request for authorization was submitted on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection-Lumbar: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, epidural steroid injections may be recommended to facilitate participation in a therapeutic exercise program when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, prior to epidural steroid injections, the injured worker needs to have been initially unresponsive to conservative treatment including physical therapy, home exercise, NSAIDs, and muscle relaxants. Further, the guidelines state that epidural steroid injections must be performed under fluoroscopic guidance and at no more than 2 levels bilaterally. The clinical information submitted for review indicated that the injured worker had low back pain with symptoms radiating into the legs. He was also noted to have diminished motor strength and reflexes in the ankles bilaterally. These findings would correlate with the noted foraminal narrowing at the L4-5 and L5-S1 levels on the injured worker's MRI. However, in the absence of the formal MRI study to verify these findings, clear corroboration with physical examination findings and imaging cannot be established. Furthermore, the documentation indicated that the injured worker had benefit from a Medrol Dosepak. However, he was not shown to have failed physical therapy, exercise, NSAIDs, and muscle relaxants. In addition, the request failed to indicate the levels being requested for injection and whether the injection would be performed using fluoroscopic guidance. In the absence of corroboration of radiculopathy on physical examination and diagnostic testing and documentation showing the failure of initially recommended conservative treatment, and as the request failed to indicate the levels to be requested and whether they would be performed under fluoroscopic guidance, the request is not supported. As such, the request is not medically necessary.