

Case Number:	CM14-0033502		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2010
Decision Date:	08/12/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 51 year-old individual who was reportedly injured on 4/14/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 2/7/2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated cervical spine tenderness to palpation about the paracervical musculature. Restricted range of motion. Lumbar spine: tenderness to palpation Paralumbar musculature bilaterally. Limited range of motion due to pain. Positive straight leg raise on the right. Decreased sensation on the right lower extremity along the L4-5 dermatome. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for lumbar ESI L4-L5 X 2, and was not certified in the pre-authorization process on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection)l4-5 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: Epidural steroid injections (ESI) are recommended 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 is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The request for #2 epidural steroid injections exceeds the recommendations. The need for additional injections are determined according to the response of the claimant. Therefore this request is not medically necessary.