

Case Number:	CM14-0035243		
Date Assigned:	06/23/2014	Date of Injury:	02/08/2013
Decision Date:	07/28/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 53 year old male who reported an injury on 02/08/2013 from a motor vehicle accident. The injured worker had a history of radiating neck pain to the bilateral trapezius and lower back pain. The injured worker had a diagnosis of cervical and lumbar disc displacement. The medications included Norco 10/325mg tabs one every six hours with no pain scale given. The MRI of the lumbar dated 12/16/2013 revealed spondylosis causing moderate spinal stenosis at the L4-5 level with no acute compression deformities. The injured worker had a cervical epidural steroid injection of unknown date with decreased pain with no mention of prior treatment of an epidural steroid injection to the lumbar region. The examination of the lumbar spine revealed negative straight leg raise, gait is effected by favoring side with side unknown, sensory exam was normal, and reflexes were normal. The treatment plan included lumbar epidural steroid injection, continue medications. The authorization form dated 06/23/2014 was submitted with the documentation. The rationale for the requested epidural steroid injection was to address the injured worker's chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection, unspecified levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 46.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as a treatment for radicular pain. The MTUS Chronic Pain Guidelines indicate radicular pain must be documented by physical exam and collaborated by imaging studies or electro diagnostic testing and that the initial conservative care treatment had failed. The MTUS Chronic Pain Guidelines also indicate no more than two nerve root levels should be injected using transforaminal blocks. The documentation provided did not reveal the injured worker had radicular or radiculopathy pain as the examination revealed normal sensation and reflexes and as negative straight leg raise or that conservative care had failed. The request did not address the level/levels that would be injected. As such, the request is not medically necessary and appropriate.