

Case Number:	CM14-0035687		
Date Assigned:	06/23/2014	Date of Injury:	05/07/2010
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 53 year old female who sustained an injury to her low back on 05/07/10 while moving boxes, two months later the injured worker tripped and fell. About every six months, there was a popping in the lateral aspect of her right hip the records indicated that treatment to date included nine visits of chiropractic manipulation therapy. The injured worker reported about three episodes of sacroiliac joint popping, requiring the help of chiropractic adjustments. Physical examination noted hip range of motion flexion 100 degrees, internal rotation 20 degrees, and lateral rotation 70 degrees. MRI of the right hip dated 05/29/13 revealed mild chondral thinning within the right hip and there was a questionable small dysplastic bump at the femoral head/neck junction which may have been associated with symptoms of impingement; mild fraying of the acetabular labrum; mild degenerative changes along the inferior aspect of the right sacroiliac joint. The injured worker was considered permanent and stationary. Future medical care included chiropractic treatments to 12 times a year for two years.

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) at level Right L4-5 and Right L5-S1 X 1,;
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injection)

Page(s): 46. Decision based on Non-MTUS Citation ODG Lower Back, ESI (Epidural Steroid Injection).

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

Decision rationale: The request for lumbar epidural steroid injections at right L4-5 and L5-S1 times one is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker completed to date or the patient's response to any previous conservative treatment. Given the lack of failure of documentation of previous conservative care and that the bulk of the clinical documentation submitted for review noting that the injured worker's chief complaint was the right hip, medical necessity of the request for lumbar epidural steroid injections at right L4-5 and L5-S1 times one is not indicated as medically necessary.