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| Case Number: | CM14-0036831 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/07/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 52-year-old male who sustained an injury to his low back on 05/07/12. It is noted that while on the roof of a two story house, the injured worker stepped on a nail, at which time his boot became stuck and he fell backwards, landing approximately eight feet on to the roof of a garage, after which he rolled on to the bed of a truck and then on to the ground. The injured worker continued working until approximately one hour later, when he began to experience pain in his right wrist, left ribs, back, left leg, left foot and left middle toe. The injured worker was taken to the emergency room where he was administered an injection and underwent plain radiographs, which revealed fractured left ribs and a fractured middle toe. The injured worker returned to work with restrictions. The progress note dated 01/21/14 reported that the injured worker continued to complain of low back pain. Physical examination noted tenderness to palpation, range of motion flexion 25 degrees, 20 degrees bilateral lateral bending; 15 degrees right lateral rotation, 20 degrees left lateral rotation, extension 10 degrees. Magnetic resonance image of the lumbar spine revealed disc disease presence and at the working diagnosis was lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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: The request for lumbar epidural steroid injection is not medically necessary. The level/laterality was not specified in the request. The previous request was denied on the basis that there was little clinical information in the notes that correlate the clinical pain presentation to the lumbosacral magnetic resonance image findings so as to provide a rationale for epidural steroid injection and to this end; therefore, in the absence of such clinical information, epidural steroid injection was not found to be medically necessary. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by studies and/or electrodiagnostic testing. Given this, the request for lumbar epidural steroid injection is not indicated as medically necessary.