

Case Number:	CM14-0039341		
Date Assigned:	06/27/2014	Date of Injury:	11/06/2013
Decision Date:	08/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 patient is a 35 year old male who was injured on 11/06/2013. The patient sustained an injury to his low back when he was helping move a piano. The diagnostic studies reviewed include MRI of the lumbar spine dated 12/17/2013 revealed mild degenerative disk disease. He had a normal EMG/NCS on 01/20/2014. A progress report dated 03/10/2014 states the patient complained of low back pain with left sciatica and right thigh numbness. On exam, he had moderate 3+ tenderness of the paralumbar spine at L4-L5. The range of motion exhibits forward flexion with discomfort; extension to 30; right lateral bend to 30; right rotation to 45; left rotation to 45. A motor exam is normal and there is hypesthesia to light touch L2-L3. The diagnosis is lumbosacral strain. The treatment and plan included epidural injection for degenerative disk disease. It was noted that the patient was to begin chiropractic therapy on 03/14/2014. Prior utilization review dated 03/18/2014 states the request for 2 L5-S1 lumbar epidural steroid injections (ESIs) is not authorized as medical necessity cannot be determined based on evidence provided or lack thereof.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Epidural Steroid Injection.

Decision rationale: As per California MTUS guidelines, ESIs are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The criteria for the use of ESIs is, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants; no more than one interlaminar level should be injected at one session; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There is no diagnostic evidence of nerve root impingement. The medical records failed to document any conservative management such as physical therapy. Request for repeat ESI should be based on the response to the first one. Therefore, based on the criteria presented as well as available medical documentation, the request for epidural steroid injection x 2 is not medically necessary and is not medically necessary.