

Case Number:	CM14-0046375		
Date Assigned:	07/02/2014	Date of Injury:	11/26/2012
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/14/2014

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 49-year-old female who reported a trip and fall on 11/26/2012. On 01/21/2014, her diagnoses included cervical sprain/strain, lumbosacral sprain/strain, lumbosacral disc injury and 2 level disc injury at L2-3 and L3-4. She complained of lower back pain radiating down both lower extremities to her feet. Her symptoms are worse with repetitive lifting, prolonged sitting or standing and excessive bending. On 01/31/2014, her lumbar spine ranges of motion measured in degrees were flexion 70, extension 20 and bilateral bending 30. She had a negative straight leg raising test bilaterally. Neurologically she was intact regarding motor strength, sensation and deep tendon reflexes of the lower extremities. X-rays of the lumbar spine revealed no significant degenerative changes and no evidence of foraminal stenosis or narrowing. An MRI of the lumbar spine of 08/18/2013 showed moderate to severe disc degeneration. There was a disc protrusion at L4-5. There was no rationale for the requested injection. A Request for Authorization dated 02/24/2014 was included in this chart.

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 (ESI) Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can only offer short term pain relief. Their use should be in conjunction with other rehab efforts, including a home exercise program. There is little information on improved function. Epidural steroid injections do not provide long term pain relief and do not affect the need for surgery. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The condition must be initially unresponsive to conservative treatments including exercises, physical methods, NSAIDS and muscle relaxants. Also, the injections should be performed using fluoroscopy for guidance. There is no documentation of this worker having failed trials of exercise, physical methods, NSAIDS and muscle relaxants. There is no corroborating documentation for a diagnosis of radiculopathy. Additionally, the request did not specify the level at which the injection was to have been given nor that it should have been performed with fluoroscopy for guidance. Therefore, this request for lumbar epidural steroid injection is non-certified.