

Case Number:	CM14-0051059		
Date Assigned:	07/07/2014	Date of Injury:	03/04/2013
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 39-year-old male who was reportedly injured on March 4, 2013. The mechanism of injury was stated as a motor vehicle accident. The most recent progress note dated January 22, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include naproxen. The physical examination demonstrated decreased lumbar spine range of motion with pain. There was decreased sensation to light touch at the lateral aspect of the thighs and calves bilaterally. Tenderness was noted at the midline of the lumbar sacral region. Diagnostic imaging studies of the lumbar spine revealed a 3 mm right central disc protrusion at L3-L4, which mildly flattened the anterior thecal sac. Disc protrusions were also noted at L2-L3, L4-L5, and L5-S1. The disc bulge at L5-S1 also faced the anterior thecal sac and abuts the S1 nerve roots. Previous treatment included acupuncture and a home exercise program. A request was made for a lumbar/sacral injection and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at unspecified level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs).

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of a radiculopathy and that the injured employee be initially unresponsive to conservative treatments to include exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. Although the most recent progress note dated January 22, 2014, indicated the presence of a radiculopathy that is verified by physical examination and magnetic resonance image studies, there was no documentation that the injured employee has failed to improve with prior conservative measures including exercise, physical therapy, NSAIDs, and muscle relaxants. For this reason, this request for lumbar epidural steroid injection at unspecified level is not medically necessary.