

Case Number:	CM14-0056376		
Date Assigned:	07/09/2014	Date of Injury:	04/29/1989
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Texas. 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 72 year old male who sustained an injury to his low back on 04/29/89. Mechanism of injury was not documented. MRI of the lumbar spine dated 02/27/14 revealed moderate to severe left neural foraminal stenosis due to a left sided disc protrusion, facet arthropathy, and marginal osseous spur at L3-4, type I endplate changes noted at this level (findings may reflect hypermobility), L4-5 severe right neural foraminal narrowing due to right neural foraminal contusion and marginal osseous spur, L5-S1 interbody fusion and posterior decompression with no residual stenosis. Clinical note dated 04/14/14 reported that the injured worker was diagnosed with left-sided radiculopathy that was corroborated by MRI. The injured worker was unresponsive to conservative treatment including Suboxone and Nortriptyline however, there were no physical therapy notes provided for review. The injured worker was recommended for a series of lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The previous request was denied on the basis that there were insufficient clinical signs of active radiculopathy. Which level is designed for injection was not discussed. The California Medical Treatment Utilization Schedule (CAMTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no physical therapy notes provided for review indicating the amount of physical therapy visits the patient had completed to date or the injured worker's response to any previous conservative treatment. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There was no indication the injured worker was actively participating in a home exercise program. Furthermore, the CAMTUS states that current research does not support series of three injections in either the diagnostic or therapeutic phase. Given this, the request for series of lumbar epidural steroid injections is not indicated as medically necessary.