

Case Number:	CM14-0068391		
Date Assigned:	07/14/2014	Date of Injury:	12/15/2011
Decision Date:	10/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 & 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 58-year-old female who reported an injury on 12/15/2011. The mechanism of injury was not provided. On 02/24/2014, the injured worker presented with pain in the back. Upon examination, there were trigger points and spasms in the bilateral trapezius. There was positive cervical spinal tenderness and negative Spurling's test. Prior therapy included medications and trigger point injections. The diagnoses were myofascial pain syndrome, strain of the cervical and lumbar spine, and lumbosacral facet syndrome. The provider recommended a lumbar epidural steroid injection to the "right lumbar for left lumbar 5 right sacral 1." The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections (ESI) Right Lumbar 4, Left Lumbar 5, Right Sacral 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 45.

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review indicated the injured worker completed initially recommended conservative treatment. There is a lack of documentation of a complete and adequate physical assessment of the injured worker. More information is needed to address sensory and motor deficits as well as results of a straight leg raise test. There is a lack of evidence of physical exam findings and electrodiagnostic testing or imaging studies to corroborate radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injections. Clarification is needed as to the levels that are being requested as well as the need for the use of fluoroscopy for guidance. As such, medical necessity has not been established. The request for a Lumbar Epidural Steroid Injections (ESI) Right Lumbar 4, Left Lumbar 5, Right Sacral 1 is not medically necessary.