

Case Number:	CM14-0075872		
Date Assigned:	07/16/2014	Date of Injury:	04/30/1990
Decision Date:	09/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Interventional Spine 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 68-year-old male with an injury date of 04/30/1990. According to the 04/02/2014 progress report, the patient complains of neuropathy pain in his left leg/foot, lower back pain, and pain radiating to the upper trapezius region of the left upper extremity. Patient has a history of back pain with neuropathy, worse, S/P fall (on pain control) and a history of depression (intolerant to Prozac), due to muscle weakness with multiple other medication failures. The patient is currently taking prednisone, albuterol sulfate, Pulmicort, Nasarel, Symbicort, Tudorza Pressair. Patient is S/P thoracic laminectomy for SCS on 07/05/2011. Patient is also S/P cervical fusion 1992 and S/P lumbar surgery 1996. He rates his pain as a 6/10 at its best, and an 8-9/10 at its worst. The 03/05/2014 report also indicates that the patient's pain radiates down his left lateral leg to the toes. Getting up from seated position aggravates his lower back, and the patient also has numbness/tingling due to neuropathy. The patient's diagnoses include the following: 1. Spondylosis, lumbar. 2. Acquired spondylolisthesis. 3. Cervicalgia. The request is for a lumbar epidural steroid injection. The utilization review determination being challenged is dated 05/12/2014. Treatment reports are provided from 04/26/2013-04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural (Steroid Injection) ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46, 47.

Decision rationale: Based on the 03/05/2014 progress report, the patient complains of having neck and lower back pain. The request is for a lumbar epidural steroid injection. The levels of which these injections are requested are not indicated. There were no MRIs provided either. MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study." In this case, there were no MRIs provided nor were there any positive exam findings. In the absence of a clear dermatomal distribution of pain corroborated by an imaging in an examination demonstrating radiculopathy, ESI is not indicated. The request is not medically necessary.