

Case Number:	CM14-0076021		
Date Assigned:	07/16/2014	Date of Injury:	08/17/2007
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
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 & 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 55 year old male who sustained work-related injuries on August 17, 2007. As per the most recent records dated March 31, 2014, he presented complaints of headache, chest wall pain, neck pain, mid back pain, low back pain, tail bone pain, and right leg pain. He reported that his condition is stable with no significant change and wished to continue with his current regimen. He also reported that his function, quality of life, and activities of daily living were improved with medication. However, he reported that his pain fluctuates but is always present. The pain was described as aching, cramping, throbbing, sharp, stabbing, stinging, and radiating to the arms and legs. It was worsened when changing positions from sitting to standing, bending or stooping, walking, using his arms, lifting or carrying small and heavy loads. The pain interfered with sleep, mood, relationships, and certain activities. He rated his pain level using the visual analogue scale at 7/10 and the medications would provide mild relief. On examination, he ambulated with an antalgic gait and is assisted with a walking stick. He was noted to be wearing a back brace. Prior treatments include x-rays, magnetic resonance imaging, chiropractic care, transcutaneous electrical nerve stimulation (TENS), joint injections, exercise program, cane or walker, physical therapy, urine drug screening test, and spinal injections. He is diagnosed with (a) low back pain, (b) neck pain, (c) cervical spondylosis, (d) facet syndrome, (e) degenerative disc disease of the lumbosacral, (f) radicular symptoms of the lower limbs and upper limbs, (g) opioid dependence, (h) meningiomas, (i) depression, (j) insomnia, and (k) male erectile disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L3-S1 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Evidence-based guidelines indicate that in order to warrant epidural steroid injections, radiculopathy should be evident as noted through physical examination findings and are further corroborated with diagnostic imaging studies or electrodiagnostic studies. Also, there should be documentation of failed conservative treatments. A review of this injured worker's records indicated that he has subjective findings of radicular symptoms. However, these are not evident in the objective findings. In addition, the records note that he had undergone x-rays and a magnetic resonance imaging scan, but findings of the said procedure were not found in the documents. Moreover, the injured worker is noted to have undergone conservative treatments and only the results of medications were documented. The results of his other conservative treatments including physical therapy, chiropractic treatment, injections, etc. were not found. Furthermore, evidence-guidelines indicate that no more than two nerve root levels should be injected using transforaminal blocks. In this case, the levels to be injected are L3-S1 which is beyond the recommendations. Evidence-based guidelines also indicate that a series of three injections in either the diagnostic or therapeutic phase is not supported. In this case, the request is for three injections. Based on the reasons presented, the medical necessity of the requested lumbar epidural steroid injection at L3-S1 times three is not established. Therefore the request is not medically necessary.