

Case Number:	CM14-0079787		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2001
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Medicine 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 71-year-old female who sustained an injury to her low back on 11/01/01 when she was putting a rotor down. As per the report of 4/23/14 she complained of back pain; her pain level was at 9/10 without medications and 3/10 with medications. She described her pain as dull, throbbing and constant. Pain increased with walking and lifting and decreased with her medication. Past treatments included therapy, chiropractic care, acupuncture, medication and surgery. Exam noted tenderness to palpation to the lumbar paraspinal area and decreased ROM in flexion. Left hip corticosteroid injection helped the patient temporarily as per the report of 1/14/14. X-ray of bilateral hips dated 09/30/13 revealed minimal degenerative arthritis of the left hip, scoliosis to the left with facet hypertrophy of the visualized lumbar spine, no acute fracture or dislocation. Current medication includes Nucynta, Topamax, and Ibuprofen. She complained of dry mouth and constipation with Duexis so this was discontinued; she was very happy with Topamax. Diagnosis: Lumbar spondylosis, lumbar radiculopathy and lumbar facet syndrome. The request for Lumbar Epidural Steroid Injection with fluoroscopy and Monitored Anesthesia care (MAC) series of 3 for lumbar spine was denied due to lack of sufficient information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with fluoroscopy and Monitored Anesthesia care (MAC) series of 3 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: As per California MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per California MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of radiculopathy on the exam. There is no imaging or electrodiagnostic evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy (i.e. PT progress notes). Therefore, the medical necessity of the request for ESI is not established per guidelines and due to lack of documentation; not medically necessary.