

Case Number:	CM14-0080187		
Date Assigned:	07/25/2014	Date of Injury:	03/24/2005
Decision Date:	10/09/2014	UR Denial Date:	05/13/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52 year old male with complaints of Low back pain, leg pain, neck pain, right arm pain. The date of injury is 3/24/05 and the mechanism of injury is fall injury (down stairs while he was doing his occupational duties as a meat cutter). At the time of request for lumbar epidural steroid injection with anesthesia, there is subjective (low back pain, radiating lower extremity pain, neck pain and radiating right arm pain) and objective (tenderness to palpation lumbar paraspinals and posterior superior iliac spine bilaterally, range of motion is reduced) findings, imaging findings (none submitted), diagnoses (discogenic syndrome lumbar, peripheral neuropathy right groin, lumbar facet arthropathy), and treatment to date (epidural steroids, medications, knee surgery). In regards to epidural steroids, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections with anesthesia: Overturned

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

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

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. This patient has clinical findings of S1 radiculopathy/radicular pain as well as documented analgesic efficacy with the past epidural injection (90% pain reduction x 9 weeks). Also, recommendations are up to 4 epidurals per anatomic region in a 12 month period (this will be epidural #3). Therefore, it is my opinion that an L5-S1 epidural steroid injection under fluoroscopy is appropriate and medically necessary.