MAXIMUS Federal Services

Case Number:	CM14-0080829		
Date Assigned:	07/18/2014	Date of Injury:	09/25/2013
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 and is licensed to practice in California and Washington. 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 27-year-old male who reported an injury on 09/25/2013. The mechanism of injury was not provided for clinical review. The diagnoses included sprain/strain of the lumbar spine with sciatica and disc bulges. Previous treatments include physical therapy, acupuncture, and chiropractic treatment. Diagnostic testing included MRI of the lumbar spine. In the clinical note dated 04/28/2014, it was reported the injured worker complained of pain in the thoracic and lumbar spine. The injured worker complained of numbess in the posterior aspect of the right thigh. The injured worker described the pain as a stabbing pain. He rated his pain 5 out 10 in severity at rest and 10 out of 10 with activity. Upon the physical examination, the provider noted the range of motion of the lumbar spine was limited in all directions, flexion at 50 degrees, and extension at 10 degrees. The provider noted the injured worker had tenderness to the right side of the lower lumbar muscles. The provider requested for an epidural steroid injection. However, a rationale is not provided for clinical review. Request For Authorization was submitted and dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI(Epidural Steroid Injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The injured worker complained of pain in the thoracic and lumbar spine. The injured worker complained of numbness in the posterior aspect of the right thigh. The injured worker rated his pain 10 out of 10 in severity with activity. He described his pain as a stabbing pain. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a specific dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by the physical examination and corrobated by imaging studies and/or electrodiagnostic testing. Initially, unresponsive to conservative treatment, exercise, physical methods, nonsteroidal anti inflammatory drugs (NSAIDs), and muscle relaxants. The guidelines recommend if epidural steroid injections are to be used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks. There is lack of imaging studies, to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the provider documented radiculopathy on the physical examination. There is lack of significant neurological deficits, such as decreased sensation in a specific dermatomal distribution. The request submitted failed to provide the treatment site. The request submitted failed to provide the number of injections to be given. Therefore, the request is not medically necessary and appropriate.