

Case Number:	CM14-0082816		
Date Assigned:	07/21/2014	Date of Injury:	06/21/2012
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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. 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 35-year-old male who reported an injury on 06/21/2012. The mechanism of injury was not provided for clinical review. The diagnosis included lumbar herniated nucleus pulposus. The previous treatments include medication. Within the clinical documentation dated 02/26/2014 it was reported the injured worker complained of pain in the back with radiating pain into the legs. The provider noted the injured worker had slightly positive straight leg raise test bilaterally at 50 degrees. The provider indicated the injured worker has previously undergone an epidural steroid injection in the past with significant improvement. The request submitted is for a lumbar epidural steroid injection. However, a rationale is not provided for clinical review. The Request for Authorization was provided and submitted on 05/12/2014.

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) at the L4-L5 level under fluoroscopy: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, defined as pain in a specific dermatomal distribution with corroborative findings of radiculopathy. The guidelines note the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker was unresponsive to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. The injured worker has previously undergone an epidural steroid injection, which was not documented to have at least 50% pain relief associated with the reduction of medication use for at least 6 to 8 weeks. There is lack of documentation of the efficacy of the previous injection the injured worker had undergone. Based on the lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal distribution, the request is not medically necessary.