

Case Number:	CM14-0083907		
Date Assigned:	07/25/2014	Date of Injury:	08/10/2010
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas and Ohio. 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 31-year-old male who reported an injury after he was hit by a vehicle on 08/10/2010. The clinical note dated 04/29/2014 indicated diagnoses of lumbar disc disease. The injured worker reported back pain to the lumbar disc. The injured worker received an inconsistent urine drug screen report; the unofficial report reported there was no Norco in the urine. The injured worker reported his pain to his back was rated 8/10. On physical examination, the injured worker's lungs were clear to auscultation with regular rate and rhythm and the injured worker was alert and oriented x3. The injured worker's treatment plan was not included for review. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for epidural steroid injection to the lumbar spine. A request for authorization dated 05/06/2014 was submitted for lumbar epidural steroid injection; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for epidural steroid injection, lumbar is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. There is lack of evidence of exhaustion of conservative therapy such as NSAIDs and physical therapy. Additionally, the clinical documentation including a physical exam with corroborated evidence of imaging was not provided. Moreover, the request did not indicate what level for the epidural steroid injection. Additionally, the provider did not indicate a rationale for the request. Also, the request did not indicate with fluoroscopy for guidance. Therefore, the request for epidural steroid injection is not medically necessary.