

Case Number:	CM14-0089976		
Date Assigned:	09/10/2014	Date of Injury:	03/19/2012
Decision Date:	10/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 & 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:

This is a 57 year old male with a 3/19/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/16/14 noted subjective complaints of low back pain. Objective findings included improved lumbar ROM. It is noted that the "epidural steroid injectors should continue until we exhaust [REDACTED] protocol". There is no documentation of a complete neurological exam. Diagnostic Impression: lumbar strain, thoracic strain. Treatment to Date: medication management, physical therapy, prior ESI. A UR decision dated 5/28/14 denied the request for complete the ESI regime and care with [REDACTED]. It appears that this is a request for a 2nd ESI in a series of 3. Guidelines do not support the "series of 3" injections. There are no objective findings to support the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete ESI regime and care with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): Page 46. Decision based on Non-MTUS Citation ACOEM Guidelines page 127 Official Disability Guidelines, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections page 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: The MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents available for review, there is no objective documentation of radiculopathy on physical exam. Additionally, there are no MRI or electrodiagnostic studies available for review. Also, there is no mention of failure of conservative management. Furthermore, there is no documentation of the response to previous ESI. Finally, the request does not specify the levels or laterality of the intended injections. Therefore, the request for complete ESI regime and care with [REDACTED] was not medically necessary.