

Case Number:	CM14-0097964		
Date Assigned:	07/28/2014	Date of Injury:	12/12/2001
Decision Date:	09/11/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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, Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 12/12/2001. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar degenerative disc disease, status post IDET/nucleoplasty, status post right carpal tunnel release, spinal cord stimulator placement, right lateral epicondylitis, and medication induced constipation. Previous treatments included surgery, EMG/NCV, MRI, and medication. Within the clinical note dated 07/02/2014, it was reported the injured worker complained of pain in his lower back, which radiated down both lower extremities. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted tenderness to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity. The provider indicated the injured worker had numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. The range of motion was flexion at 45 degrees and extension at 15 degrees. The provider noted the injured worker had decreased sensation with the pinprick wheel along the posterolateral thigh and posterolateral calf in the approximate L5-S1 distribution. The injured worker had a positive straight leg raise, which caused radicular symptoms to the lower extremity. Upon examination of the left knee, the provider noted tenderness to palpation along the medial and lateral joint line. The provider noted that the injured worker was unresponsive to conservative treatment for 3 months. The provider is requesting epidural steroid injection to reduce the injured worker's pain and inflammation. However, a Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Diagnostic Transforaminal ESI @ S1 Bilateral - Fluoroscopically guided:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for Outpatient: Diagnostic Transforaminal ESI @ S1 Bilateral - Fluoroscopically guided is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical medicine, NSAIDs, and muscle relaxants. The Guidelines recommend if an epidural steroid injection is 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. The official MRI was not provided for clinical review to corroborate the diagnosis of radiculopathy. The provider indicated the injured worker failed or was unresponsive to conservative treatment; however, the clinical documentation was not provided for clinical review. Therefore, the request not medically necessary.