

Case Number:	CM14-0188199		
Date Assigned:	11/18/2014	Date of Injury:	06/13/2013
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 46-year-old gentleman with a date of injury of 06/13/2013. A treating physician note dated 08/21/2014 identified the mechanism of injury as lifting a heavy container and twisting, resulting in immediate pain in the neck and lower back. This note; treating physician notes dated 07/30/2014, 09/17/2014, and 10/13/2014; and an AME report dated 10/02/2014 indicated the worker was experiencing lower back pain and upper back and neck pain that went into the right arm. Documented examinations consistently described tenderness in the upper and lower back and decreased motion in the lower and upper back joints. While the AME report described no decreased sensation or weakness in the arms and testing involving a straightened leg was negative on both sides, the above mentioned treating physician notes reported these neurologic findings. The submitted and reviewed documentation concluded the worker was suffering from lumbar and cervical strain; treating physician records also concluded upper and lower back radiculitis was present. Treatment recommendations included oral pain medications, activity as tolerated, physical therapy and a home exercise program, a lower back brace, possible trigger point injection, and follow up care. A Utilization Review decision was rendered on 10/30/2014 recommending denial for a right L4, L5, and S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injection at L4, L5, S1: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation concluded the worker was suffering from lumbar and cervical strain; treating physician records also concluded upper and lower back radiculitis was present. Documented examinations were conflicting in describing findings of radiculopathy, and imaging reports and/or electrodiagnostic testing results were not provided. There was no discussion demonstrating sufficient extenuating circumstances supporting this treatment in this setting. In the absence of such evidence, the current request for a right L4, L5, and S1 transforaminal epidural steroid injection is not medically necessary.