

Case Number:	CM14-0190485		
Date Assigned:	11/21/2014	Date of Injury:	08/06/2014
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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, Allergy & Immunology 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 43-year-old male who reported an injury on 08/06/2014. The mechanism of injury was not submitted for clinical review. His diagnoses included pain in thoracic spine, sprain of unspecified site of back, thoracic sprain, lumbar disc displacement without myelopathy, degeneration of the cervical disc, current use of medication. Previous treatments included physical therapy, medication and chiropractic treatment. Diagnostic testing included a CT of the lumbar spine dated 09/19/2014, CT of the left knee, CT of the brain; the CT of the lumbar spine revealed multi degenerative disc disease and mild facet degeneration; there was mild spinal stenosis at L4-5; there was caudal foraminal stenosis on the left at L3-4 and L4-5, which impinged the caudal neural elements. On 11/03/2014, it was reported the injured worker had complained of immediate and persistent low back pain and neck pain. The injured worker complained of localized left knee pain. On the physical examination the provider noted the injured worker to have an antalgic gait due to low back pain. There was mild lumbosacral tenderness without muscular spasms. There was a negative straight leg raise. The provider noted mild restriction of lumbar motion. Strength, sensation and reflexes were noted to be normal. The provider recommended an epidural steroid injection for treatment of axial low back pain. The Request for Authorization was submitted on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for lumbar epidural steroid injections is not medically necessary. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented per physical examination and corroborated by imaging studies and/or electrodiagnostic study testing; initially unresponsive to conservative treatment, exercise, physical methods and NSAIDs. The clinical documentation lacked significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, the request submitted failed to provide the specific site of injections and the number of injections to be administered. Therefore, the request is not medically necessary.