

Case Number:	CM14-0198930		
Date Assigned:	12/09/2014	Date of Injury:	08/29/2013
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38-year-old male with a date of injury of 08/29/2013, and the mechanism of injury was lifting. His diagnoses included Thoracic myalgia, thoracic myospasm, lumbar myalgia and lumbar myospasm. His past treatments included medications, chiropractic treatments, physical therapy sessions and acupuncture therapy. Surgical history included right hand surgery. His diagnostic studies included an MRI and x-rays of the thoracic and lumbar spine. The injured worker presented on 10/20/2014 with complaints of persistent pain in his lower back with occasional left leg and bilateral pain. The objective findings were unchanged from the prior exam on 09/17/2014, which showed the neurological examination within normal limits. His current medications are naproxen, tramadol and Norco. The treatment plan was to request an MRI of the thoracic spine and lumbar spine and work restrictions of no heavy lifting over 10 pounds, no stooping or bending. The request is for L5-S1 lumbar epidural steroid injection with no rationale provided. The Request for Authorization form dated 10/23/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection: Upheld

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

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

Decision rationale: The request for L5-S1 lumbar epidural steroid injections is not medically necessary. The patient presented with low back pain. According to the California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review dated the injured worker had persistent pain in the lower back area, occasionally left leg and bilateral pain. The neurological examination was within normal limits and no radiculopathy was indicated. The lumbar MRI was not provided with the documentation. No sensory deficits were noted and no decreased motor strength was noted. The documentation, as submitted, lacked physical examination findings and diagnostic testing findings to clearly corroborate radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the injection. The request, as submitted, failed to indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.