

Case Number:	CM14-0212247		
Date Assigned:	01/02/2015	Date of Injury:	03/06/2014
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 3/6/2014. Mechanism of injury is described as pushing a heavy load. Patient has a diagnosis of low back pain with radiculitis and lumbar disc herniation. Medical reports reviewed. Last report available until 10/23/14. Patient complains of low back pain. Pain radiates to L foot with numbness and paresthesia. Pain is 5-9/10. Objective exam reveals antalgic gait. Paraspinal pain with no spasms. Range of motion is limited especially flexion and extension. Straight leg raise is negative. Fabre is positive on R side. Sensation is intact. Strength is intact. LESI was requested for "failure of conservative measures". MRI of lumbar spine from 10/11/12 revealed diffuse L3-S1 herniated lumbar disc worst on L2-4 with moderate canal narrowing. Medications include Tramadol, Naprosyn and Omeprazole. Patient has had physical therapy or is undergoing PT. Independent Medical Review is for L4-5 epidural steroid injection. Prior Utilization Review on 11/17/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 epidural steroid injection: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone physical therapy. No other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.