

Case Number:	CM14-0041859		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2007
Decision Date:	01/29/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 60-year-old gentleman who sustained injuries to the neck, shoulder, and low back caused by a fall while exiting a truck on 08/23/2007. Documented diagnoses include: displacement of lumbar intervertebral disc(s) without myelopathy, multilevel lumbago with radiculopathy, bilateral sacroiliac joint and facet joint arthropathy, multilevel cervicalgia with radiculopathy, extensive myofascial syndrome, cervicogenic headaches, reactive sleep disturbance, and reactive depression. Treatments have included: bilateral sacroiliac joint injections, physical therapy, lumbar epidural steroid injections, medications, and bilateral radiofrequency neurolysis of the sacroiliac joints 07/06/2012. The reviewed documentation indicated the injured worker continued to experience lower back pain with muscle spasms that went into both buttocks and legs and problems sleeping. The examination recorded in the treating physician's note dated 02/20/2014 described focal tenderness, muscle spasms, decreased range of motion, pain with flexion and extension in the lumbar region; pain in the upper and lower extremities; and a shuffling and unsteady gait. A Utilization Review decision was rendered on 03/26/2014 recommending non-certification for an unspecified lumbar epidural steroid injection.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural Steroid Inject.

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 after prior injections. The submitted and reviewed records indicated the worker was experiencing pain with muscle spasms in the lower back that went into both legs. These records demonstrate that examinations and imaging were consistent with radiculopathy and that the worker had improvement with a prior injection. However, the request does not indicate the specific location for the treatment, and therefore the consistency cannot be correlated. In the absence of such evidence, the current request for an unspecified lumbar epidural steroid injection is not medically necessary.