

Case Number:	CM15-0105329		
Date Assigned:	06/09/2015	Date of Injury:	06/30/2014
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 64-year-old male, who sustained an industrial injury on June 30, 2014, injuring his low back. He was diagnosed with multilevel lumbar disc disease, facet hypertrophy, and right shoulder impingement syndrome, rotator cuff tendinosis of the left shoulder, left shoulder impingement syndrome and bilateral lateral epicondylitis. In September 2014, a lumbar Magnetic Resonance Imaging revealed disc bulging and canal stenosis with facet hypertrophy. Treatment included anti-inflammatory drugs, pain medications, physical therapy, neuropathic medications, and work restrictions. Currently, the injured worker complained of constant stabbing low back pain and stiffness radiating to the right leg with numbness and tingling, pain and stiffness in the shoulders, left elbow and both knees. The treatment plan that was requested for authorization included lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1 (sacroiliac), under fluoroscopic guidance:
Upheld

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

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

Decision rationale: Since consultation for pain specialist is for epidural steroid injection, this review will determine medical necessity based on the necessity of lumbar epidural steroid injection. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend 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 except for pain control. 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 undergo some physical therapy. There is no noted home exercise program and no other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.