

Case Number:	CM15-0204910		
Date Assigned:	10/28/2015	Date of Injury:	09/29/2011
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male injured worker suffered an industrial injury on 9-29-2011. The diagnoses included cervical and lumbar spine herniated disc. On 3-13-2015, the provider reported the cervical spine was a "little better" and the lumbar spine still "hurts a lot". On exam, the cervical and lumbar spine range of motion was limited. On 4-24-2015, the injured worker had a therapeutic left medial branch block to the lumbar facet joints and right medial branch block to the lumbar facet joints and caudal epidural steroid injection with catheterization to the lumbosacrum. On 5-1-2015, the injured worker had a caudal epidural steroid injection with catheterization to the L4-5. Prior treatments included physical therapy and acupuncture. The medical records did not indicate the rationale or focused exam for the requested treatment or an evaluation of effectiveness of conservative therapy. Utilization Review on 9-25-2015 determined non-certification for Retrospective review for an epidural steroid injection with fluoroscopy and lysis of adhesions provided on 05-01-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for an epidural steroid injection with fluoroscopy and lysis of adhesions provided on 05/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, pg 36.

Decision rationale: According to the guidelines, epidural injections are indicated for those with radiculopathy on exam and imaging. In this case, there was mention of radiculopathy on EMG. The MRI does not indicate nerve root involvement. Recent exam does not specify radicular findings. Prior medial branch blocks provided implies no radiculopathy to qualify for the blocks. In addition, the ACOEM does not recommend ESI due to their short-term benefit. Therefore, the request is not medically necessary.