

Case Number:	CM15-0020045		
Date Assigned:	02/09/2015	Date of Injury:	11/17/2013
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 35 year old female sustained a work related injury on 11/17/2013. According to a progress report dated 12/17/2014, the injured worker had a history of back pain. Assessment was noted as sprain lumbosacral and HNP (herniated nucleus pulposus). The provider noted that the injured worker had no radicular findings but had narrowed foramen with discomfort originating in the low back which might be helped by epidural steroid injections. On 01/14/2015, Utilization Review non-certified epidural steroid injection to the lumbar region as outpatient. According to the Utilization Review physician, the injured worker failed to meet the criteria. Specifically the radiology report has not been provided demonstrating evidence of nerve root impingement and there was no evidence of radiculopathy on examination. The request does not indicate a specific level for injection. Guidelines cited for this review include CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to the lumbar region as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46 of 127.

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 suffering from lumbar sprain and a bulging L4 and L5 disk. The documented examinations did not describe findings consistent with radiculopathy. The request also did not specify which side or level(s) was to be injected. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an epidural steroid injection at an unspecified level of the lumbar region done in the outpatient setting is not medically necessary.