MAXIMUS Federal Services

Case Number:	CM15-0021165		
Date Assigned:	02/10/2015	Date of Injury:	09/28/1992
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 09/28/1992 due to an unknown mechanism of injury. The injured worker reportedly suffered an L1 compression fracture from the injury. The injured worker also underwent cervical discectomy and fusion at the C5-6 and C6-7 in 1994. The injured worker's diagnoses included cervical disc disease and lumbar disc disease. The injured worker was evaluated on 01/14/2014. It was documented that the injured worker had tenderness to palpation of the L4-5 interspace, left sacroiliac joint tenderness, and restricted range of motion of the cervical spine. The injured worker treatment plan included a refill of medications. A Request for Authorization for consultation with a doctor for a lumbar epidural steroid injection was provided but no justification for the request was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested lumbar epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have radicular symptoms that have failed to respond to conservative treatment and are consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any clinical exam findings consistent with radiculopathy. Although an MRI of the lumbar spine is provided in the documentation, the Request for Authorization does not identify at what level or what part of the back the epidural steroid injection is intended for. Furthermore, the request as it is submitted does not identify the part of the back, laterality, or level of intended treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lumbar epidural is not medically necessary or appropriate.