

Case Number:	CM15-0024818		
Date Assigned:	02/17/2015	Date of Injury:	09/22/2005
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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 43 year old male, who sustained an industrial injury on 9/22/2005. The diagnoses have included pain, lumbar spine, left finger pain, radiculopathy of lumbar region and degenerative disc disease. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injections (10/17/2012, 1/09/2013 and 1/22/2014). Currently, the IW complains of low back and left hip pain. Objective findings included cervical facet tenderness. Anterior flexion of lumbar spine is noted to be 60 degrees. There is pain noted in the lumbar region while flexing anteriorly. Palpation of the bilateral sacroiliac joint reveals left sided pain. Palpation of the greater trochanteric bursa reveals tenderness on the left. Range of motion is decreased. Straight leg raise is positive at 75 degrees on the left and right. On 1/20/2015, Utilization Review non-certified a request for lumbar epidural steroid injection noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of 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 qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection qty:1.00 is not medically necessary and appropriate.