

Case Number:	CM15-0038465		
Date Assigned:	03/09/2015	Date of Injury:	09/21/2012
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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 48-year-old male who reported an injury on 09/21/2012 due to an unspecified mechanism of injury. An Appeal Letter dated 01/26/2015 states that the injured worker had been seen on 02/04/2014 complaining of lumbar spine pain with radiation into the bilateral feet with associated numbness and tingling. It was indicated that there was an increase in pain and numbness as well as tingling with prolonged sitting, standing, bending and stooping. His medications included Vicodin, Motrin, Fexmid and Imitrex to control his symptoms. An examination of the lumbar spine revealed spasms and tenderness over the bilateral paravertebral musculature and lumbosacral junction as well as the sciatic notch. Lumbar spine ranges of motion demonstrated a flexion of 40 degrees, extension of 21 degrees, right lateral bending 15 degrees, and left lateral bending at 14 degrees. Increased pain was noted with all planes of motion. Decreased sensation was noted over the L5-S1 nerve root distribution and straight leg raise was positive and elicited lumbar spine pain radiating to the feet. The treatment plan was for a third epidural steroid injection. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicates that epidural steroid injections are recommended for those with symptoms of radiculopathy that are corroborated with imaging studies and/or electrodiagnostic testing. There should also be documentation of failure of conservative care and repeat injections should only be performed when there is evaluate of satisfactory responses defined by the cited guidelines. The documentation submitted for review fails to show that the injured worker had a satisfactory response as defined by the cited guidelines to support the request for an additional epidural steroid injection. Also, there is a lack of evidence showing that he had any significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the request. Furthermore, there is a lack of documentation showing that he has recently tried and failed any recommended conservative therapy or that he had a reduction in medication use for at least 6 to 8 weeks with the last epidural injection. Furthermore, the request fails to mention that the injection would be performed using fluoroscopic guidance and fails to indicate at what level the injection is being requested for. Without this information, the request would not be supported. Therefore, the request is not medically necessary.