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| Case Number: | CM15-0236375 | | |
| Date Assigned: | 12/11/2015 | Date of Injury: | 11/21/2012 |
| Decision Date: | 01/22/2016 | UR Denial Date: | 11/20/2015 |
| Priority: | Standard | Application Received: | 12/03/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 43 year old, male who sustained a work related injury on 11-21-12. A review of the medical records shows he is being treated for neck and low back pain. In the progress notes dated 11-30-15, the injured worker reports improving neck pain. He reports worsening low back pain. Upon physical exam dated 11-30-15, he has decreased lumbar range of motion. He has tenderness to touch in lumbar area. Treatments have included; nexium, colace, semethcon, trigger injection, wrist injection. The treatment plan includes home exercise program, physical therapy, Methoderm creams and for a repeat lumbar epidural steroid injection. In the Utilization Review dated 11-20-15, the requested treatment of a right lumbar epidural steroid injection is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar epidural steroid injection Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 11-21-12. A review of the medical records shows he is being treated for neck and low back pain. Treatments have included; nexium, colace, semethcon, trigger injection, wrist injection. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records provided no evidence of either physical examination or imaging and or nerve studies of lumbar radiculopathy. Additionally, the injured worker is pending treatment with physical therapy (there was no evidence of previous physical therapy). The request for Right lumbar epidural steroid injection Qty 1.00 is not medically necessary.