

Case Number:	CM13-0045928		
Date Assigned:	12/27/2013	Date of Injury:	10/29/1996
Decision Date:	08/01/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 10/29/1996. He was reportedly crawling and felt a hip pain. On 01/09/2014, the injured worker presented with left hip complaints. Prior therapy included an epidural steroid injection, home exercise, medications and activity modifications. Upon examination, the lumbar spine range of motion was decreased, a straight leg raise produced irritability, and mild irritation about the left hip. There was focal tenderness about the region of the left lower lumbar spine. The provider recommended an epidural steroid injection and noted that the injured worker was not yet ready for surgery. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS (ESI) LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

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

Decision rationale: According to the MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is

radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should reveal that the injured worker was initially unresponsive to conservative treatment. The documentation submitted for review stated that the injured worker had decreased range of motion; however, the provider stated that the straight leg raise was not positive for true radiculopathy. The guidelines also recommend the use of fluoroscopy for guidance. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication for 6 to 8 weeks. The provider's request does not indicate the levels of the injection or the amount of injections being requested, and the request does not indicate the use of fluoroscopy for guidance. Additionally, there is no evidence of radiculopathy upon physical exam and corroborated with imaging studies and/or electrodiagnostic testing. As such, the request is not medically necessary.