

Case Number:	CM14-0100487		
Date Assigned:	07/30/2014	Date of Injury:	04/14/2011
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine and is licensed to practice in California. 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:

As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, electrodiagnostic studies and the MRI reveal findings consistent with a radiculopathy. However, the patient's back pain complaint was not adequately described by the provider and physical examination was incomplete. As it currently appears, the patient did not have signs and symptoms suggestive of a radiculopathy. Furthermore, there was no indication that the patient was unresponsive to conservative treatment. Finally the level at which the LESI will be performed was not included in the request. The criteria for epidural steroid injections had not been fulfilled. Therefore, the request for 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:

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, electrodiagnostic studies and the MRI reveal findings consistent with a radiculopathy. However, the patient's back pain complaint was not adequately described by the provider and physical examination was incomplete. As it currently appears, the patient did not have signs and symptoms suggestive of a radiculopathy. Furthermore, there was no indication that the patient was unresponsive to conservative treatment. Finally the level at which the LESI will be performed was not included in the request. The criteria for epidural steroid injections had not been fulfilled. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.