

Case Number:	CM14-0116595		
Date Assigned:	09/23/2014	Date of Injury:	07/06/2009
Decision Date:	10/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal 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:

The injured worker is a 47-year-old male who reported injury on 07/06/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculitis, lumbar facet arthropathy, status post fusion of the lumbar spine, pruritus about abdominal incision, and GI upset. Past medical treatment consists of facet blocks, surgery, physical therapy and medication therapy. Medications include tizanidine, zolpidem, Butrans, Norco, Viagra, and hydroxyzine. It was noted in the submitted documentation that the injured worker underwent an MRI that showed that the injured worker had radiculopathy. It was not noted what date the MRI was obtained. Additionally, the MRI was not submitted for review. In 07/10/2014, the injured worker complained of low back pain. Upon physical examination it was noted that the injured worker was alert, oriented and cooperative. Inspection of the lumbar spine revealed a well healed surgical scar. There was spasm noted in the paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area at L1-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Facet signs are present in the lumbar spine bilaterally. Sensory exam showed decreased sensitivity to both lower extremities. The medical treatment plan is for the injured worker to undergo 1 right L4-S1 epidural steroid injection under fluoroscopy. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4-S1 Epidural Steroid Injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

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

Decision rationale: The request for 1 right L4-S1 Epidural Steroid Injection under fluoroscopic guidance is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information of improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, the patient must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve roots should be injected using transforaminal blocks. The submitted documentation did not indicate any evidence of objective findings of radiculopathy, numbness, weakness or loss of strength. There was no indication of the injured worker having radiculopathy of the lumbar spine, with corroboration of imaging studies. It was noted that the injured worker had radiculitis of the cervical spine, but there was no indication of a diagnosis of lumbar radiculopathy. Furthermore, there was no documentation showing that the injured worker was unresponsive to conservative treatment. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.