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| Case Number: | CM14-0121113 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 Family 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:

This is a 63-year-old male patient who reported an industrial injury to the back on 5/9/2013, over one year ago, attributed to his usual and customary job duties. The patient was previously treated with chiropractic therapy; physiotherapy; medications; activity modification; and psychological sessions. The patient continued to complain of back pain. The objective findings on examination included non-antalgic gait; negative SLR; patchy decreased sensation over the left lower extremity most notably at the L5 and S1 distributions; decreased sensation over the right L5 and S1 distribution. The treatment plan included a lumbar spine ESI.

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 Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): page 46. Decision based on Non-MTUS Citation Chapter 12 page 300; Updated Back Chapter 12, pages 179-80 (ODG) Section Low Back Chapter Lumbar Spine lumbar spine ESI

Decision rationale: The criteria required by the CA MTUS for the provision of a lumbar ESI were not documented by the requesting provider. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a lumbar spine LESI is not medically necessary.