

Case Number:	CM14-0123478		
Date Assigned:	09/16/2014	Date of Injury:	11/05/2009
Decision Date:	10/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 11/05/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar spondylosis without myelopathy, carpal tunnel syndrome, and cubital tunnel syndrome. Past medical treatment consists of physical therapy, injections, and medication therapy. Medications included Lisinopril, Simvastatin, Ibuprofen, Vicodin, Trazodone, and And Tramadol. On 08/26/2014, the injured worker underwent an MRI of the lumbar spine, which revealed a small disc bulge and mild facet arthropathy causing mild bilateral neural foraminal narrowing at the L5-S1 level. It was also noted that there was no significant spinal canal stenosis. On 08/18/2014, the injured worker complained of lower back pain. Physical examination noted that the injured worker's gait was slightly stiff. There were no ranges of motion documented, sensory deficits, or motor strengths. Medical treatment plan is for the injured worker to undergo an epidural steroid injection at the L5-S1 level. The rationale and Request for Authorization form 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:

15-S1 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for L5-S1 Interlaminar Epidural Steroid Injection 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 on improved function. The criteria for use of ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked any evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination. Furthermore, there was no indication that the injured worker was unresponsive to conservative treatment, which would include exercise, physical methods, and medications. Additionally, the request as submitted did not indicate the use of Fluoroscopy for Guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.