

Case Number:	CM14-0124535		
Date Assigned:	09/16/2014	Date of Injury:	04/20/2011
Decision Date:	12/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 male of an unknown age and was involved in a work related injury on 05/20/2011. The mechanism of the injury worker was not submitted for this review. The injured worker was evaluated on 05/14/2014 and it was documented that the injured worker had neck and low back pain, with some pain radiating to the extremities. On the physical examination, the lumbar spine revealed decreased range of motion with tenderness to palpation. There were no sensory or motor deficits in the bilateral lower extremities. An MRI was referred to, but the report did not indicate any neural compressive lesion or frank nerve compression. The treatment plan included a request for lumbar epidural steroid injection. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Cortisone Injection for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, previous functional improvement was not provided for the injured worker. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request nor the levels that is requiring the ESI injection. As such, the request for an epidural cortisone injection for the low back is not medically necessary.