

Case Number:	CM14-0142095		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 05/29/2010. The mechanism of injury was not provided. On 01/28/2014, the injured worker presented with low back pain. On examination, there was a well healed surgical incision and intact neurological examination. There was minimal lumbar range of motion and tenderness to palpation to the lower back. The diagnosis included cervical spondylosis. The injured worker is status post L4-5 decompression. Prior therapy included surgery and medications. The provider recommended a lumbar ESI, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at unspecified level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for lumbar ESI at unspecified level is not medically necessary. According to California MTUS, an epidural steroid injection may be recommended to facilitate

progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker's neurological examination was intact with minimal lumbar range of motion. There was tenderness to palpation to the lower back. More information is needed on the results of a straight leg raise test, motor strength deficits, and documentation of other therapies the injured worker underwent and the efficacy of those prior therapies. There is lack of documentation of MRI findings or electrodiagnostic testing and physical exam findings that corroborate radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Moreover, the request failed to specify the level or levels being requested and the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.