

Case Number:	CM14-0023753		
Date Assigned:	06/25/2014	Date of Injury:	10/05/2008
Decision Date:	09/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 and 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 a 43-year-old male who reported an injury on 10/05/2008. The mechanism of injury was not provided for clinical review. The diagnoses were not provided for medical review. The prior treatments were not provided for clinical review. Within the clinical documentation submitted dated 12/03/2013, it was reported the injured worker was being evaluated for medication management and ongoing medication therapy. The physical examination was not provided for clinical review. The request submitted is for a thoracic epidural steroid injection and a lumbar epidural steroid injection. However, a rational was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection T5-6: Upheld

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

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

Decision rationale: The request for thoracic epidural injection T5-6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the

treatment of radicular pain, defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. The guidelines recommend no more than 2 diagnostic epidural steroid injections. There is a lack of imaging studies to corroborate the diagnoses for radiculopathy. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted failed to provide any subjective or objective clinical documentation warranting the medical necessity for the request. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.

Lumbar epidural steroid injection L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for epidural steroid injection L3-4 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment for radicular pain, defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. The guidelines recommend no more than 2 diagnostic epidural steroid injections. There is a lack of imaging studies to corroborate the diagnoses for radiculopathy. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted failed to provide any subjective or objective clinical documentation warranting the medical necessity for the request. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.