

Case Number:	CM14-0084238		
Date Assigned:	07/21/2014	Date of Injury:	03/07/2010
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old male was reportedly injured on March 7, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 28, 2014, indicates that there are ongoing complaints of low back pain, mid back pain, and left hip pain. Pain was stated to be 8-10/10 without medications and 5-6/10 with medications. Current medications include OxyContin, Neurontin, Terocin patches, and Lidoderm. The physical examination demonstrated difficulty standing from a seated position. There was significantly reduced lumbar spine range of motion. Ambulation was observed with the assistance of a cane. Diagnostic nerve conduction studies revealed a chronic L5 radiculopathy. Previous treatment includes oral medications. A request had been made for a selected epidural steroid injection with catheter and was not certified in the pre-authorization process on May 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selected Epidural Steroid injection with Catheter (level & bodypart unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical records there are no findings of a radiculopathy on physical examination to corroborate with positive findings on the nerve conduction study. Considering this, the request for a selected epidural steroid injection with catheter is not medically necessary.