

Case Number:	CM14-0093043		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2012
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 58-year-old male with a 10/1/12 date of injury. He was driving a forklift with a seatbelt on, and was going into a container, when the container move, and he fell from the forklift. On 4/17/14, the patient complained of back pain, which got worse. The pain was severe that he presented to the Emergency Room (ER) and received a "cortisone injection in the buttock area" which caused a "very rapid heartbeat". The patient was subsequently admitted to the hospital for 3 days to control his heart rate. The patient is very concerned that any epidural injection would cause a similar reaction. Objective exam showed a positive left SLR. The patient ambulates with a cane. Diagnostic Impression: L5 over S1 anterolisthesis, Cervical spine disc herniations. Treatment to date: chiropractic care, medication management. A UR decision dated 6/11/14 denied the request for an epidural steroid injection (ESI) due to the fact that a comprehensive neurological exam was not documented. There was no documentation that the patient was participating in an active treatment program. There were no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, it is documented that the patient possibly had a bad reaction to a cortisone injection during an ER visit, and the provider would like to review the patient's hospital records to evaluate the cause of the patient's rapid heart rate to see if the patient is a candidate for an epidural steroid injection (ESI). There is no documentation that these records have been reviewed, and whether the patient is in fact a good candidate for the lumbar ESI. An official lumbar MRI report is not provided for review. There is no clear description of objective or subjective radiculopathy. A comprehensive neurological examination was not performed. Therefore, the request for Bilateral Lumbar Epidural Steroid Injection at L5-S1 was not medically necessary.