

Case Number:	CM13-0033338		
Date Assigned:	12/11/2013	Date of Injury:	02/08/2013
Decision Date:	01/29/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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 Montana. 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 30 year old male injured worker suffered an industrial injury on 2/8/2013. The very limited medical records provided described a laceration injury to the left 4th finger. However, there was no mention of any lumbar spinal injury. The primary treating provider's notes of 03/21/2013 and 7/1/2013 revealed that the injured worker had not returned to work due to back pain. No other details were provided in the medical records related to lumbar spine complaints. There is no examination or diagnosis related to the lumbar spine. The UR decision on 9/18/2013 noted that the injured worker had undergone a magnetic resonance imaging study on 5/13/2013 that revealed no neural compression or nerve root compression. The MRI report is not included in the medical file for review. The primary treating provider has requested lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

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

Decision rationale: The MTUS recommends Epidural Steroid Injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case the medical records do not provide an examination or diagnosis related to the lumbar spine. Without appropriate clinical documentation to support the request the recommendation for Lumbar Epidural Steroid Injections is not medically necessary.