

Case Number:	CM14-0119991		
Date Assigned:	09/16/2014	Date of Injury:	03/14/2014
Decision Date:	02/23/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 49-year-old male who reported an injury on 03/14/2014. The mechanism of injury reportedly occurred while lifting a 200 pound piece of equipment. His diagnoses included injury of the lumbar spine, sprain of neck, sprain of the lumbar region, and spondylosis NOS. The past treatments included physical therapy, modified duties. Diagnostic studies included x-rays of the cervical spine, lumbar spine and pelvis. His surgical history was noncontributory. The injured worker presented on 06/23/2014 with cervical and lumbar radiating pain. A range of motion and computer assisted muscle test revealed cervical flexion was at 9 degrees, extension was at 22 degrees, right lateral flexion was at 22 degrees, left lateral flexion was at 21 degrees, right rotation was at 60 degrees and left rotation was at 55 degrees. Lumbar flexion was at 36 degrees, lumbar sacral flexion was at 6 degrees, lumbar extension was at 19 degrees, right lateral flexion was at 14 degrees and left lateral flexion was at 19 degrees. His current medication regimen was not provided within the submitted documentation submitted for review. The treatment plan included epidurals and work restrictions, and a follow-up in 6 weeks. The rationale for the request was marked loss of movement upon physical examination. Request for A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain which is defined as pain in dermatomal distribution on physical examination with corroborative findings of radiculopathy on imaging studies or electrodiagnostic studies. Additionally, the guidelines state that the injured worker must be initially unresponsive to conservative treatments such as exercises, physical methods, NSAIDS and muscle relaxants and no more than 2 nerve root levels should be injected using transforaminal blocks. The request for epidural steroid injection was not medically necessary. The injured worker has radiating cervical and lumbar pain. However, the documentation submitted for review failed to provide objective evidence of significant neurological deficits on physical exam such as a positive straight leg raise or a positive Spurling's exam. Additionally, there were no diagnostic studies or imaging studies to corroborate radiculopathy. Furthermore, the request as submitted failed to indicate the levels to be injected. As such, the request for epidural steroid injection is not medically necessary.