

Case Number:	CM14-0141594		
Date Assigned:	09/10/2014	Date of Injury:	05/13/2013
Decision Date:	03/24/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 5/13/2013. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. On 7/30/2014, the injured worker complained of severe pain and spasms to the lumbar spine. He reported a recent Emergency Department visit due to pain, and received x-rays and medications. Pain was documented as "a little better today". Radiographic imaging results were not submitted. Objective findings were not noted. Current medications were not noted. Treatment plan included an epidural steroid injection (level(s) and laterality not specified). On 8/08/2014, Utilization Review non-certified a request for lumbar epidural steroid injection, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Non- MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG for Low Back re: epidural steroid injections, therapeutic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The lumbar epidural steroid injection is not medically necessary and appropriate.