

Case Number:	CM14-0212919		
Date Assigned:	01/12/2015	Date of Injury:	10/02/2010
Decision Date:	02/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient sustained an injury on 10/2/10 while employed by [REDACTED]. Request(s) under consideration include Epidural steroid injections. Diagnoses include Lumbar disc displacement without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Gabapentin, Orphenadrine, Venlafaxine, and Butrans patch. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/7/14 from the provider noted continued back pain. Exam showed unchanged findings of normal muscle tone; negative SLR, intact motor strength of 5/5 in bilateral upper and lower extremities; diffuse decreased sensation throughout L2, L3, L4, L5, and S1; symmetrical DTRs, spasm, guarding and normal gait. Previous epidural injections provided only temporary relief. The request(s) for Epidural steroid injections (unspecified) was non-certified on 12/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections: Upheld

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

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

Decision rationale: This patient sustained an injury on 10/2/10 while employed by [REDACTED]. Request(s) under consideration include Epidural Steroid Injections. Diagnoses include Lumbar disc displacement without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Gabapentin, Orphenadrine, Venlafaxine, and Butrans patch. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/7/14 from the provider noted continued back pain. Exam showed unchanged findings of normal muscle tone; negative SLR, intact motor strength of 5/5 in bilateral upper and lower extremities; diffuse decreased sensation throughout L2, L3, L4, L5, and S1; symmetrical DTRs, spasm, guarding and normal gait. Previous epidural injections provided only temporary relief. The request(s) for Epidural Steroid Injections (unspecified) was non-certified on 12/15/14. 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 radicular symptoms, neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported some temporary improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2010 injury. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the Epidurals have not been met or established. The Epidural Steroid Injections (unspecified) is not medically necessary and appropriate.