MAXIMUS Federal Services

Case Number:	CM14-0216677		
Date Assigned:	01/06/2015	Date of Injury:	01/22/2008
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

[redacted] The injured worker is a 51 year-old male who was injured on 1/22/08 when he lifted a large container overhead. He complained of neck and back pain, that radiates to left shoulder. He had a tender posterior cervical spine with decreased range of motion. He had muscle spasms of the lower back. He had normal strength of lower extremites. The patient was diagnosed with lumbar sprain, degenerative joint disease of cervical and lumbosacral spine, lumbosacral herniated nucleus pulposus, and cervical disc syndrome. On 1/22/10, he had a lumbar laminectomy and facetectomies. He was treated with physical therapy. His medications included narcotics, anti-inflammatories, and antacids. The current request is a retrospective lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

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

Decision rationale: The request for an epidural steroid injection (ESI) is not medically necessary. MTUS guidelines require that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient did not have findings on his lumbar MRI and he did not have an EMG/NCV to corroborate findings of radiculopathy. The specific effects of each medication he was taking were not elaborated. He is not documented to have failed all conservative therapy. Therefore, the request is considered not medically necessary.