

Case Number:	CM14-0218690		
Date Assigned:	02/09/2015	Date of Injury:	09/17/1998
Decision Date:	03/31/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 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 62-year-old male who reported an injury on 09/17/1998. The injured worker reportedly suffered a low back strain while pushing a heavy cart. The current diagnosis is chronic pain. On 12/02/2014, the injured worker presented for a followup evaluation with complaints of persistent pain. The injured worker has been doing poorly since only some of his medications have been authorized. The injured worker was utilizing tramadol, tizanidine, and Celebrex. Upon examination, there was no change in posture or gait. Areas of pain and tenderness remained in the neck, upper back, low back, and knee. Recommendations included evaluation and treatment for possible epidural steroid injection of the cervical and lumbar spine. A Request for Authorization form was then submitted on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (levels not given): Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of radiculopathy upon examination. The specific level at which the epidural steroid injection will be administered was not listed in the request. There was also no mention of a recent attempt at conservative treatment for the lumbar spine. Given the above, the request is not medically appropriate.