

Case Number:	CM14-0145017		
Date Assigned:	09/12/2014	Date of Injury:	06/30/2011
Decision Date:	10/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

After careful review of the medical records, this is a 55 year old male with complaints of low back pain and right leg pain. The date of injury is 6/30/11 and the mechanism of injury is a lifting injury (trying to lift repetitively a 60# unit). At the time of request for a right lumbar epidural steroid injection, there is subjective (low back pain, radiating right lower extremity pain) and objective (antalgic gait, restricted range of motion lumbar spine) findings, imaging findings (MRI lumbar spine 3/26/14 shows stable fusion at L5/S1), diagnoses (lumbar disc herniation, lumbar disc degeneration, chronic low back pain, lumbar radiculopathy), and treatment to date (medications, surgery, physical therapy). Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Also, there needs to be some indication as to the specific level for epidural steroid placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. In review of the medical records and in particular the treating physicians note dated 8/11/14, subjectively the patient has increased low back pain with pain referred into the right lower extremity however there is an absence of clinical findings supporting radiculopathy. It is not clear from the physician's clinical findings in regards to the diagnosis of radiculopathy. There also needs to be some indication as to the specific level for epidural steroids. Therefore, the request for epidural steroid injection with no specified level and without clinical findings of radiculopathy is not appropriate and not medically necessary.