

Case Number:	CM17-0007151		
Date Assigned:	01/17/2017	Date of Injury:	11/08/2016
Decision Date:	02/08/2017	UR Denial Date:	12/05/2016
Priority:	Standard	Application Received:	01/10/2017

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 46 year old male, who sustained an industrial injury on 11-8-2016. Diagnoses include low back pain and low back strain. Treatments to date include activity modification, physical therapy, and medication therapy including Robaxin since at least 11-8-16. On 11-29-16, he complained of ongoing pain in the low back with radiation to the right buttock. Pain was rated 5-9 out of 10 VAS. The physical examination documented painful lumbar range of motion, muscle spasms, with an antalgic gait with guarded and slowed movements. The plan of care included a prescriptions to refill Robaxin, rest, ice, home exercise, a lumbar spine MRI and a pain specialist for epidural steroid injection. The appeal requested authorization for lumbar epidural steroid injection with pain interventionist consultation and treatment. The Utilization Review dated 12-5-16, denied the request. On 12-6-16, the progress note states he has a foot drop.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with pain interventionist consult and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Thoracic and Lumbar, Acute and Chronic) Chapter, Epidural Steroid Injection (ESI) and Other Medical Treatment Guidelines www.mdguidelines.com.

Decision rationale: Regarding the request for Lumbar epidural steroid injection with pain interventionist consult and treatment, Non MTUS guidelines were also used since they have specific criteria for the request. ACOEM states that epidural injections (ESI) are recommended as an option for treatment of radicular pain. MTUS Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, to avoid surgery. ODG states radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of radiculopathy. However, there is no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection with pain interventionist consult and treatment, is not medically necessary.