

Case Number:	CM13-0006910		
Date Assigned:	08/27/2014	Date of Injury:	03/08/2013
Decision Date:	12/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

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 Emergency Medicine and is licensed to practice in California. 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:

The patient has a reported date of injury on 3/8/2013. The mechanism of injury is reportedly a truck crash and rollover. The patient has a diagnosis of multilevel degenerative disc disease, back pain and left lumbar radiculopathy. Medical reports reviewed. Last report available was dated 6/25/13. The patient has reported back and left leg pain. Pain is 3-7/10. Objective exam reveals tenderness to bilateral lower lumbar paraspinous muscles, iliolumbar and sacroiliac region right side worst the left side. Left buttock and left greater trochanter is mildly tender. Straight leg raise on left side is positive. Right side straight leg raise causes some hamstring tightness. Femoral nerve stretch and Patrick's is negative. Neurologic examination is noted to have paresthesia to anterolateral thigh as well as anterior and lateral distal leg and medial calf. Strength is normal. Medications noted to be Nucynta and Diltiazem. Lumbar MRI on 5/3/13 reportedly showed multilevel degenerative disc disease, facet changes, disc desiccation and disc space narrowing with L3-4 and L4-5 central stenosis and L4-5 left foraminal disc extrusion with foraminal narrowing and "possible" irritation of the nerve root. Actual official report was not provided for review. The patient has had reported epidural steroid injection in the past that was not effective. Independent Medical Review is for "injection(s) of diagnostic of therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement." Prior UR on 7/10/2013 recommended non-certification. UR report dated 7/10/14 reports that there was a discussion with the provider concerning several issues. It reports that the provider wanted to perform an interlaminar ESI despite prior ESI that provided no benefit, the provider justified it by stating that the patient had multiple root involvement and that the interlaminar ESI would cover all of them. The provider did not know of the efficacy of pain medications the patient was on. The provider also did not know of any prior physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injections under Fluoroscopic Guidance, Left L5-S1 or a Left L4-5 Interlaminar Approach (x2): Upheld

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

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

Decision rationale: From the provider's note, the request is for lumbar epidural steroid injection x2 under fluoroscopy at Left L5-S1 or left L4-5 inter laminar approach. As per MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. The patient's exam and presentation is consistent with radiculopathy with documented straight leg raise on exam, radicular pain and noted neurological deficits consistent with MRI findings. The patient also needs to meet basic criteria for recommendation. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain management. There is no long term plan. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. There is no documentation of prior physical therapy and there is no documentation of appropriate medication treatment. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8 weeks. Documentation shows reported prior LESI providing no relief. No detail was available to reviewer or the treating provider on this epidural. As clearly stated in MTUS Chronic Pain Medical Treatment Guidelines, patient has to meet all basic criteria before ESI can be recommended. The documentation fails all basic criteria to recommend procedure. Due to failure to meet criteria, this request is not medically necessary.