

Case Number:	CM13-0014890		
Date Assigned:	10/07/2013	Date of Injury:	07/09/2009
Decision Date:	01/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 is a 45-year-old female with a reported date of injury on 07/09/2009; the mechanism of injury was a slip and fall. The patient presented with low back pain, weakness in the lower extremities, limited lumbar flexion and extension, a positive sitting straight leg raise, a positive supine straight leg raise at 60 degrees, positive Kemp's test on the left, positive facet loading bilaterally, 1/4 Achilles reflexes on the left, weakness in the left foot extensors, peroneus longus and brevis on the left, and moderately severe muscle spasm over the posterior superior iliac crest. The patient had normal range of motion with lumbar rotation bilaterally and lateral bending bilaterally, the patient had a negative straight leg raise sitting and supine on the right, a negative Kemp's test on the right, negative Patrick's Faber test bilaterally, negative Gaenslen's bilaterally, negative Trendelenburg's bilaterally, negative iliac compression bilaterally, normal deep tendon reflexes in the biceps, triceps, brachioradialis, and patella bilaterally and in the Achilles on the right, and normal sensation in all dermatomes. The patient had diagnoses including disc displacement at L4-5 and L5-S1, facet arthropathy, low back pain, left lumbar radiculopathy, moderately severe lumbar muscle spasm, adjustment disorder with depression, and adjustment disorder with anxiety. The physician's treatment plan included a request for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection: Upheld

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

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

Decision rationale: The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. The patient had signs of radiculopathy including a positive seated straight leg raise on the left, a positive supine straight leg raise on the left at 60 degrees, decreased deep tendon reflexes in the left Achilles tendon, and weakness in the L4 dermatome. The MRI of the lumbar spine dated 01/07/2013 noted the patient had degenerative changes in the lumbar spine, a 3 mm broad-based posterior protrusion with a predominantly left paracentral component with associated annular fissuring at the L4-5 level, which indented the left aspect of the thecal sac, a 2 mm right paracentral protrusion of the T12-L1 level, which indented the right aspect of the thecal sac, moderate fatty atrophy of the paraspinal muscles in the lower lumbar region, mild levoscoliosis of the mid lumbar spine with a Cobb angle of 8 degrees, and conjoined left L5-S1 nerve root. Per the provided documentation, the patient underwent epidural steroid injections on 04/17/2013 at the L5-S1 level and on 04/03/2013 at the L4-5 level. Within the provided documentation, the requesting physician did not include adequate documentation that the patient received at least 50% relief of pain with associated reduction and medication use for 6 weeks to 8 weeks. The requesting physician did not include adequate documentation that the patient had significant objective functional improvement with the use of the injections. Additionally, the request did not specify at which level the epidural steroid injection was requested and if fluoroscopic guidance would be utilized. Therefore, the request for epidural steroid injection is neither medically necessary nor appropriate.