

Case Number:	CM13-0031094		
Date Assigned:	12/13/2013	Date of Injury:	03/15/2013
Decision Date:	05/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 is an employee of [REDACTED], and has submitted a claim for low back pain with an industrial injury date of March 15, 2013. Treatment to date has included medications and physical therapy. Medical records from 2013 were reviewed, which showed that the patient complained of back pain. On physical examination, gait was slow and guarded. Lumbar range of motion was restricted and painful in all planes. There was decreased light touch in his posterior calves bilaterally. An MRI of the lumbar spine dated April 30, 2014 showed a 4mm disc protrusion with annular tear at L3-4; 5mm disc protrusion at L4-5; and a 7mm disc protrusion with annular tear at L5-S1. An EMG/NCV of the bilateral lower extremities March 15, 2013 was normal. Utilization review from September 20, 2013 denied the request for lumbar ESI L3-L4, L4-L5, L5-S1 because there was no documentation of focal radicular findings, exam, and diagnostic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) L3-L4, L4-L5, AND L5-S1: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; initially unresponsive to conservative treatment; no more than two nerve root levels should be injected using transforaminal blocks; and no more than one interlaminar level should be injected at one session. In this case, there were no physical findings of radiculopathy and imaging studies did not reveal nerve root pathology. Furthermore, there was no discussion regarding failure of conservative management. The request also indicated three nerve root levels to be injected, which exceeds the guideline recommendations. The request for a lumbar ESI at L3-L4, L4-L5, and L5-S1, is not medically necessary or appropriate.