

Case Number:	CM13-0034524		
Date Assigned:	12/11/2013	Date of Injury:	05/19/2012
Decision Date:	02/28/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, 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 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:

This is a patient with a date of injury of May 19, 2012. A utilization review determination dated September 29, 2013 recommends noncertification of epidural steroid injection at disc levels L3-4, L4-5, and L5-S1. A note dated February 11, 2013 indicates that the patient has undergone 100 visits of physical therapy, 24 visits of acupuncture, and 24 visits of chiropractic treatments. The note indicates that the patient has not had epidural steroid injections. An initial pain management consultation dated October 10, 2013 identifies a mechanism of injury of a 25 foot fall. Subjective complaints include low back pain rated as 8/10. The pain limits the patient's ability to walk, stand, and sit. Physical examination identifies normal motor examination and decreased sensation in the right lateral calf and left lateral calf and outer foot. Straight leg raise is negative on the right at 90° and negative on the left at 90°. Diagnoses include lumbosacral sprain/strain, lumbar radiculopathy, shoulder tendinosis, need tendinosis, wrist tendinosis, and bilateral ankle tendinosis. The treatment plan requests past diagnostic studies and medical records for consideration of epidural steroid injections. A progress report dated September 13, 2013 includes a review of diagnostic records including an MRI dated December 18, 2012. The MRI identifies a 5.5 mm disc protrusion at L3-4, a 4.5 mm disc protrusion at L4-5, and a 4.5 mm posterior disc protrusion at L5-S1. There is no mention of neuroforaminal stenosis or nerve root impingement. Subjective complaints identify the patient complaining of lower back pain radiating into the left lower extremity. Physical examination identifies sensory deficit in the left s1 dermatome as well as motor deficit in the left s1 myotome. Diagnoses include lumbar intervertebral disc disorder, lumbosacral degenerative intervertebral disc, lumbar facet hypertrophy, and annular tear at l3-4, l4-5, and l5-s1. Treatment plan recommends lumbar epidural steroid injection at disk levels l3-l4, l4-l5, and l5-s1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic lumbar epidural steroid injection at disc levels L3-4, L4-5, 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 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Additionally, MTUS Guidelines recommend that interlaminar epidural injections be performed at no more than one level, and that transforaminal epidural injections be performed at no more than 2 levels. Within the documentation available for review, it is clear that the patient has subjective complaints and objective findings of radiculopathy. However, no MRI report has been provided for review, and the requesting physician's summary of the previous MRI report did not identify neuroforaminal stenosis or nerve root impingement. Reports indicate that an EMG/nerve conduction study has been performed, but has not been provided for review. Furthermore, the currently requested 3 level epidural injection exceeds the maximum number of levels supported by the MTUS Chronic Pain Guidelines. In the absence of clarity regarding those issues, the currently requested lumbar epidural injection at L3-4, L4-5, and L5-S1 is not medically necessary and appropriate.