

Case Number:	CM13-0035359		
Date Assigned:	12/13/2013	Date of Injury:	05/25/2010
Decision Date:	02/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 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:

The employee is a 47-year-old male who reported an injury on 5/25/10. The mechanism of injury was a motor vehicle accident, which was noted to cause an exacerbation of low back pain from previous injuries. The employee was treated with physical therapy, TENS unit, epidural steroid injections, and medial branch blocks. The submitted records do not include objective documentation of the effectiveness of these therapies. The employee has since experienced an increase in pain to include radicular symptoms in the left leg. A clinical note dated 12/19/13 reported decreased sensation to the L5 dermatome, positive left straight leg raise, decreased muscle strength, and mention of a positive electromyography (EMG) for bilateral lower extremities. It is reported that an MRI of the lumbar spine on 7/15/13 showed marked degenerative changes to L5-S1 with moderate to severe right neural foraminal stenosis. The employee continues to complain of worsening low back pain with increased radicular symptoms to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L4-L5, L5-S1, myeography and epidurogram under fluoroscopic guidance: Upheld

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

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

Decision rationale: The guidelines recommend epidural steroid injection to decrease inflammation, reduce pain, avoid surgery, and increase range of motion. These injections should accompany other rehabilitation efforts, as studies show that the injection alone does not offer significant long-term benefit. The guidelines indicate that criteria for use of epidural steroid injections include but are not limited to objective documentation of radiculopathy and corroborating imaging studies and/or electromyography (EMG) testing; failed conservative treatment; repeat blocks given based on continued objective and documented findings of at least 50% improvement for 6-8 weeks. The employee has recent documented findings of radiculopathy; however, there is not a corroborative finding on the recent imaging study, nor was the official report of EMG testing provided. Although the employee is noted to have failed conservative treatment in the past, evidence has not been provided of a recent course of failed physical therapy or effects of medications on the employee's pain levels and functioning. Further, there is no objective documentation provided in the medical records detailing the employee's reaction to the initial epidural steroid injection, to include VAS pain scales and functional improvements. As such, the requested left lumbar epidural steroid injection at L4-L5, L5-S1 with corresponding myeography and epidurogram under fluoroscopic guidance is not medically necessary and appropriate.