

Case Number:	CM13-0040084		
Date Assigned:	12/20/2013	Date of Injury:	11/21/2012
Decision Date:	06/19/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 30-year-old female who reported injury on 11/21/2012. The mechanism of injury involved the claimant walking towards a sink and a box of tomatoes fell on her back. The claimant underwent an MRI of the lumbar spine which revealed the injured worker had normal vertebral bodies without compression or marrow replacement. The spinal canal, cauda equina and conus were normal. It was a normal examination of the lumbar spine. The documentation of 08/28/2013 revealed a physical examination of paralumbar spasms with 2+ tenderness to palpation bilaterally. Atrophy was present in the quadriceps. There was decreased range of motion in the right and left resisted rotation; straight leg raise was positive at 40 degrees bilaterally; range of motion of the spine was limited secondary to pain; lower extremity deep tendon reflexes were absent at the knee and sensation to light touch was decreased on the left in the lateral thigh and decrease on the right in the lateral thigh and lateral calf; and motor strength extremity revealed 5/5 in all groups bilaterally. The diagnoses included low back pain and lumbar disc displacement as well as lumbar radiculopathy. The treatment plan included a lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 LUMBAR SPINE EPIDURAL STEROID INJECTION, EPIDUROGRAPHY, WITH ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy when there are documented objective findings of radiculopathy upon physical examination, that are corroborated by EMG or MRI. There should be documentation the injured worker's pain was originally unresponsive to conservative measures. Injections should be performed using fluoroscopy. The clinical documentation submitted for review indicated that the claimant had objective findings upon physical examination; however, there was a lack of documentation including an MRI or electrodiagnostic testing. There was a lack of documentation of a failure of conservative pain treatment. Given the above, bilateral L4-L5 lumbar spine epidural steroid injection, epidurography, with anesthesia are not medically necessary and appropriate.

EPIDUROGRAPHY: 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 Chronic Pain Medical Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy when there are documented objective findings of radiculopathy upon physical examination, that are corroborated by EMG or MRI. There should be documentation the injured worker's pain was originally unresponsive to conservative measures. Injections should be performed using fluoroscopy. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination; however, there was a lack of documentation including an MRI or electrodiagnostic testing. There was a lack of documentation of a failure of conservative pain treatment. Given the above, the request for epidurography is not medically necessary.

ANESTHESIA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid Injection

Decision rationale: The Official Disability Guidelines indicate there is no evidence-based literature to make a firm recommendation as to use sedation during an epidural steroid injection. The use of sedation introduces some potentially diagnostic and safety issues, making unnecessary use less than ideal. The clinical documentation submitted for review failed to indicate a documented rationale for the use of anesthesia during the procedure. Additionally, as the request for the epidural steroid injection was found to be not medically necessary, the request for anesthesia is not medically necessary.