

Case Number:	CM13-0043056		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2011
Decision Date:	04/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 a 26-year-old female with a date of injury of August 26, 2011 and November 21, 2010. The mode of injury was heavy lifting and then patient bent over and felt a release in her lower back. When she stood up there was excruciating pain in her lower back. Her leg pain evolved months later. The patient has diagnosis of lumbar degenerative disc disease L4-5 and L5-S1. The patient was seen on December 05, 2013 for a follow-up re-evaluation. The patient states that she is unable to walk on her own and has weakness in both legs. The patient also noted she is unable to take a complete shower and she has no one to care for her. The patient states that she does have some tingling in her legs. On exam, the patient was unable to walk by herself without help from the physician, midline tenderness in the area of the lumbosacral spine, sciatic nerve root irritation test bilaterally was positive at 30 degrees in supine position, and knee and ankle joint reflexes bilaterally were 2+. Sensation was intact to pinprick in the right and left lower extremities. The patient did have an MRI on December 03, 2013, which showed central disc protrusion L4-5 and L5-S1 resulting in mild to moderate central canal stenosis. The patient was also seen on December 04, 2013 for a neurosurgical follow-up visit. The patient noted that she presented to the emergency room twice that week. Back pain was increasing and leg pain was present bilaterally. The patient was using a walker and notes that she had constant weakness in her legs and knees. The physician notes that her medications were Norco, Neurontin, Xanax, and Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS (2 INJECTIONS, 30 DAYS APART) AT 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 (ESIs), Page(s): 46.

Decision rationale: The California MTUS Guidelines state 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 criteria for use of epidural steroid injections does note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physician did discuss MRI findings during visit of December 04, 2013 but the official MRI report was not submitted for review. The guidelines also recommend that the patient is initially unresponsive to conservative treatment. The patient is currently on a medication regimen which the patient still notes focal knee pain and increased back pain. As part of the criteria for epidural steroid injections, the California MTUS Guidelines do note that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with general recommendation of no more than 4 blocks per region per year and do not recommend a series. The request was for a series of epidural steroid injections (2 injections, 30 days apart) which is not recommended by the California MTUS Guidelines. Therefore, given the patient did not have neurological deficits on examination, the documentation provided failed to provide an official MRI of the lumbar spine to support the necessity of the ESI and the request as submitted is for a series of three injections which is not supported by the guidelines, the request is non-certified.