

Case Number:	CM13-0044702		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2005
Decision Date:	03/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 July 20, 2005. A utilization review determination dated October 21, 2013 recommends non-certification of lumbar epidural at L3-4 and L5-S1. A progress report dated November 5, 2013 indicates that the patient has low back pain with radiculopathy and has been treated extensively with conservative treatment including physical therapy and medication. The note indicates that the patient is getting cramps as a result of radiculopathy. The requesting physician states that the MRI "definitely shows a pinched nerve and electrical studies, even though it does not indicate definite radiculopathy but is positive with finding consistent with irritation of the peroneal nerve on the right, which could have originated from the pinched nerve in the lumbar spine." Physical examination shows positive straight leg raise test with shooting pain down the lower extremities. A progress report dated October 4, 2013 identifies subjective complaints including increasing low back pain radiating to the bilateral lower extremities limiting the patient's ability to walk more than 30 minutes. Objective examination findings included a stiff spine and positive straight leg raise. Diagnoses included a sprain in the lumbar region, lumbosacral neuritis, and knee osteoarthritis. The treatment plan recommends an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L3-L4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural steroid injections (ESIs). Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46. Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment 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. Regarding repeat epidural injections, guidelines state 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Guidelines do not support interlaminar injections at more than one level. Within the documentation available for review, the requesting physician's physical examination has not identified objective findings supporting a diagnosis of radiculopathy at both of the currently requested levels. Additionally, no MRI report or EMG/NCS report has been provided for review corroborating a diagnosis of lumbar radiculopathy at both of the currently requested levels. Additionally, it is unclear whether the currently requested epidural injections are interlaminar or transforaminal procedures. Guidelines clearly recommend against performing interlaminar injections at more than one level. In the absence of clarity regarding those issues, the currently requested L3-4 and L5-S1 epidural steroid injection is not medically necessary.