

Case Number:	CM13-0047703		
Date Assigned:	12/27/2013	Date of Injury:	09/08/1998
Decision Date:	06/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 an employee of the [REDACTED] and has submitted a claim for multi-level lumbar disc disease associated with an industrial injury date of September 8, 1998. Treatment to date has included physical therapy, local cortisone injection and pain medications. Medical records from 2013 showed that the patient complained of chronic low back pain and bilateral extremity pain with radiation to left foot and right knee. There was associated numbness on both legs. On physical examination there was lumbar spine tenderness, and decreased sensation at bilateral L5 distribution. Deep tendon reflexes were equal and symmetric. MRI of the lumbar spine, dated 10/29/2004, revealed multilevel disc degeneration, disc protrusion, and narrowing of the central spinal canal at L4-L5 and L5-S1 levels. Utilization review from October 25, 2013 denied the request for lumbar epidural injection, level unspecified due to insufficient data to prove the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE-- LEVELS UNSPECIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

Decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines page 46 states that ESI is an option for treatment of radicular pain in a dermatomal distribution provided that it is documented by physical examination and correlated by imaging and/or electrodiagnostic studies. It further states that injections should be performed using fluoroscopy (live x-ray) for guidance. In this case, data provided for review is insufficient to establish the presence of radiculopathy. There is no available comprehensive physical examination which includes presence / absence of muscle atrophy, manual muscle testing, and provocative tests that will support the findings of radiculopathy. Furthermore, the present request does not specify the intended level of injection. Therefore, the request for LUMBAR EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE-- LEVELS UNSPECIFIED is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION (LEVELS UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines page 46 states that ESI is an option for treatment of radicular pain in a dermatomal distribution provided that it is documented by physical examination and correlated by imaging and/or electrodiagnostic studies. In this case, data provided for review is insufficient to establish the presence of radiculopathy. There is no available comprehensive physical examination which includes presence / absence of muscle atrophy, manual muscle testing, and provocative tests that will support the findings of radiculopathy. Furthermore, the present request does not specify the intended level of injection. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTION (LEVELS UNSPECIFIED) is not medically necessary.