

Case Number:	CM13-0048565		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2004
Decision Date:	06/02/2014	UR Denial Date:	10/22/2013
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 and Pain Medicine and is licensed to practice in Florida. 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 56 year old male who reported an injury on 08/25/2004 secondary to an unknown mechanism of injury. The injured worker was diagnosed with lumbar degenerative disc disease and was treated with a caudal epidural steroid injection at L5-S1 on 11/06/2009 and interlaminar epidural steroid injections at L3-4 on 11/12/2010 and 11/18/2011. It was noted that he experienced 40% pain relief for up to one year after the epidural steroid injections. It was also noted that he attended an unknown duration of physical therapy as of 08/22/2013 and that his pain decreased after starting Gabapentin according to a clinical note on that date. He was evaluated on 10/15/2013 and reported 4/10 pain low back pain radiating to both legs which increased to 8/10 without medications. It was noted that he reported progressive lumbar radiculopathy along the S1 dermatome. He also reported that he was better able to sleep and to do basic household activities with the use of medications. Medications at the time of request were noted to include Amrix, Norco, Ativan, Ambien, Colace, Gabapentin, Lidocaine patch, and Prevacid. On physical exam, the injured worker was noted to have a positive straight leg raise bilaterally, with decreased patellar reflexes (1/4) bilaterally and decreased strength (4/5) in the left lower extremity. Sensation was noted to be intact. An MRI of the lumbar spine on 10/30/2013 revealed a posterior annular disc bulge at L4-5 with moderate spinal canal stenosis and foraminal narrowing. It was noted that the injured worker had a fusion previously at L5-S1 and subsequent removal of hardware. A request for authorization was submitted on 10/15/2013 for a lumbar epidural steroid injection at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) L3-4 LUMBAR EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for an L3-4 lumbar epidural injection is non-certified. California MTUS Guidelines recommend epidural steroid injections as option for treatment of radicular pain after failure of conservative care to include medication management and physical therapy. The injured worker was noted to have decreased pain from 8/10 to 4/10 with medications and found Gabapentin to be especially effective. The injured worker also reported increased functional ability with the use of his medication regimen. These findings suggest that treatment with medications has been successful. It was noted that the injured worker was treated with physical therapy, but duration and outcomes were not evident based on the medical records submitted for review. Therefore, there is a lack of documentation to indicate failure of conservative care. Furthermore, the most recent clinical note indicates that the injured worker experienced progressive lumbar radiculopathy along the S1 dermatome, and an MRI on 10/30/2013 revealed a disc bulge at L4-5. There were no abnormal findings noted at L3-4. Therefore, there is insufficient objective and subjective clinical documentation to warrant an epidural steroid injection at L3-4. Additionally, the guidelines state that injections should be performed with fluoroscopic guidance. The request as written does not indicate that fluoroscopy will be used for the requested procedure. As such, the request for an L3-4 lumbar epidural injection is non-certified.