

Case Number:	CM13-0057367		
Date Assigned:	04/30/2014	Date of Injury:	08/18/2012
Decision Date:	06/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 49 year old male who reported an injury on 08/18/2012. The mechanism of injury was reported as pulling heavy materials. Per the 10/04/2013 clinical note, the injured worker reported low back pain radiating to the left leg with numbness and tingling. Physical exam findings included paraspinal tenderness and spasm, a mildly positive straight leg raise on the right at 70 degrees, 5/5 strength in the lower extremities, and normal sensation and reflexes. An x-ray performed on 10/04/2013 showed advanced disc degeneration at L4-5. An unofficial MRI showed moderate to severe bilateral foraminal narrowing at L4-5. The injured worker's diagnoses included lumbar strain with disc bulge at L3-4 and L4-5, L4-5 degenerative disc disease with bilateral neuroforaminal stenosis, and right leg radiating pain, rule out radiculopathy. The injured worker had physical therapy in January 2013 which he stated made him feel worse. It was reported the injured worker had an epidural steroid injection one month prior to this exam which provided no significant improvement. The request for authorization form for a lumbar spine epidural injection was submitted on 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION TO THE LUMBAR SPINE AT UNSPECIFIED LEVEL:

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 Section Page(s): 46.

Decision rationale: The request for epidural injection to the lumbar spine at unspecified level is non-certified. The CA MTUS guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; pain must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; and 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. Per the 10/04/2013 clinical note, the injured worker reported low back pain radiating to the left leg. On physical exam, the injured worker demonstrated a mildly positive straight leg raise on the right at 70 degrees and a negative test on the left. The injured worker also had intact sensation in all dermatomes, 2+ reflexes bilaterally, and 5/5 strength in the lower extremities. The physical exam findings are not consistent with a diagnosis of radiculopathy. Also, the injured worker reported a prior epidural steroid injection which provided no significant relief. The guidelines state there should be documented pain and functional improvement to warrant a repeat injection. The physician did not include an official MRI report within the provided documentation. In addition, the submitted request does not specify the level to be injected or that fluoroscopy will be used. As such, the request is not medically necessary or appropriate.