

Case Number:	CM13-0064251		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2008
Decision Date:	06/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 a 50-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of January 30, 2008. Medical records from 2013 were reviewed. The patient complained of chronic lower back pain with some numbness in the legs. Physical examination showed positive SLR bilaterally, decreased lumbar ROM by 10% in all planes, and decreased strength in lower extremities. Treatment to date has included NSAIDs, opioids, muscle relaxants, home exercise programs, physical therapy, chiropractic sessions, medial branch block (12/28/11), and multiple lumbar epidural steroid injections since 2008. Utilization review from November 4, 2013 denied the request for lumbar epidural steroid injection RT L4-5/L5/S1 due to lack of objective clinical information showing improvement with previous lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI RT L4-5/L5/S1: 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 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies documenting correlating concordant nerve root pathology; and unresponsiveness to conservative treatment. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the request was issued due to clinical evidence of radiculopathy. However, medical records submitted did not show evidence of failure of conservative treatment, comprehensive physical examination that may indicate radiculopathy, significant pain disrupting ADLs, and proof that previous lumbar epidural steroid injections were in fact effective. The request also indicated 3 levels for injection, which is not recommended. Therefore, the request for Lumbar ESI RT L4-5/L5/S1 is not medically necessary.