

Case Number:	CM13-0071353		
Date Assigned:	01/08/2014	Date of Injury:	03/16/2011
Decision Date:	04/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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:

This is a 40-year-old female patient with a reported work related injury on 03/16/2011 and the mechanism of injury was cumulative trauma resulting in intense lower back pain. The patient was seen in the hospital emergency room on 03/19/2011 where Motrin, Vicodin, and diazepam were prescribed. The patient then returned on 03/20/2011 due to persistent severe pain interfering with standing. The patient was then subsequently admitted to the hospital where an MRI study revealed bulging of the L4-5 disc and an epidural corticosteroid injection was applied on 03/22/2011. The patient was then discharged on 03/23/2011 on Vicodin and Flexeril. Objective findings were antalgic posture with forward tilt. Diffuse bilateral lumbar tenderness and myospasm. Range of motion was markedly restricted, straight leg raise to the left was positive at 60 degrees and the patient was unable to walk on toes. An official MRI of the lumbar spine in 08/2013 revealed at L4-5, a 4 mm central disc protrusion which moderately flattened the ventral thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-L5 UNDER FLUOROSCOPY:

Upheld

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

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

Decision rationale: The CA MTUS Guidelines state "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The request for the lumbar epidural steroid injection at L4-5 under fluoroscopy is non-certified. On physical examination in the office on 11/13/2013, the patient presented still complaining of back and some bilateral radicular leg pain. Objective findings were forward flexion at about 40 degrees and extension 10 degrees before having to stop because of pain. Straight leg raising test was positive bilaterally at 50 degrees. Motor examination was normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch and quadriceps reflexes were 1 to 2+ and symmetrical. Achilles reflexes were 0 to 1+ and symmetrical. Hip range of motion was full bilaterally. Although the CA MTUS Guidelines do recommend epidural steroid injections for the treatment of radiculopathy but indicate no significant long-term functional benefit, the clinical documentation submitted for review failed to provide other conservative treatments and effectiveness from current medications. As such, the request is non-certified.