

Case Number:	CM13-0071475		
Date Assigned:	01/08/2014	Date of Injury:	06/28/2012
Decision Date:	06/27/2014	UR Denial Date:	12/04/2013
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 Minnesota. 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 54 year old male with an injury reported on 06/28/2012. The worker was injured while driving a tractor, when he hit a pothole and was violently jerked up and down. According to the clinical note dated 11/15/2013, the injured worker complained of pain in the neck and left shoulder with radiation to the left arm. The physical examination of the lumbar spine revealed forward flexion was to 45 degrees, extension was to 10 degrees, and side bending was to 20 degrees to the right and to the left, and rotation was limited. The MRI of the lumbar spine dated 09/13/2013, revealed at the L4-L5 location there was a mild degree of central stenosis secondary to a broad-based posterior disk protrusion/extrusion. The image was compared to the 11/26/2012 MRI and was somewhat accentuated since prior study. The injured worker's diagnoses included cervical sprain, thoracic sprain, lumbar sprain and subluxation. The request for authorization was submitted on 12/27/2013.

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, INTRALAMINAR WITH FLUOROSCOPIC GUIDANCE (LATERALLY NOT PROVIDED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

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

Decision rationale: The request is for lumbar epidural steroid injection at L4-L5, intralaminar with fluoroscopic guidance (laterally not provided) is not medically necessary. The injured worker complained of neck and left shoulder pain that radiated to the left arm. According to the Chronic Pain Medical Treatment Guidelines the purpose of an epidural steroid injection is to reduce pain and inflammation, by 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. There is a lack of evidence of positive findings per physical examination that would suggest radiculopathy. The radiology report does state mild degree of stenosis at L4-L5 area being secondary to broad-based posterior disk protrusion; however, it does not suggest any nerve compression, and is described as a slight change from previous study. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines recommend a epidural steroid injection if initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is also a lack of evidence of prior or current physical therapy or at home exercise that have been performed. It is noted that the injured worker was on Naproxen 550mg by mouth twice daily; however, there is a lack of documentation of effectiveness of (NSAIDs) non-steroidal anti-inflammatory drugs. Therefore, the request for lumbar epidural steroid injection at L4-L5, intralaminar with fluoroscopic guidance is not medically necessary.