

Case Number:	CM14-0001426		
Date Assigned:	01/22/2014	Date of Injury:	08/22/2012
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 58 year old male with a reported date of injury on 08/22/2012. The mechanism of injury was reportedly caused by lifting objects over 50 pounds. The injured worker complained of pain in the neck traveling to his left shoulder and constant low back pain traveling to his left leg. The injured worker rated his pain at 9/10. The injured worker's lumbar range of motion was reported at flexion to 60 degrees, extension to 20 degrees, right and left lateral bending to 15 degrees and right and left rotation to 25 degrees. The injured worker had left positive straight leg raise. The lumbar MRI dated 10/04/2012 revealed a prominent focal protrusion at left S1 root, and compression at the medial facet joint in the left lateral recess at L5-S1. According to the clinical note dated 03/08/2013 the injured worker has undergone physical, manipulation therapy, acupuncture and prescribed medication without the relief of radicular pain. According to the clinical note dated 12/02/2013 the physician's plan of care included lumbar epidural steroid injections, as well as lumbar facet joint blocks, and four hours later a rhizotomy procedure to the "appropriate" effected levels. Furthermore, the clinical note stated, if the injured worker did not have a greater than 70% relief in pain for up to four hours, he would have a repeat of the medial branch blocks. The rationale for performing the procedures on the same visit was to decrease the travel time for the injured worker. The injured worker's diagnosis included anxiety, abdominal pain, chest pain, depression, dizziness, headaches, hypertension, nausea and shortness of breath. The injured worker's medication regimen included Hydrocodone, Omeprazole and Lisinopril. The request for authorization for lumbar epidural steroid injection L4-L5 and L5-S1 was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-L5 L5-S1: 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,

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 CA MTUS guidelines recommend Epidural steroid injections as an option for treatment of radicular pain. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must have documentation of previous unresponsiveness to conservative treatment. The injured worker did have clinical evidence of lumbar radiculopathy. According to the clinical documentation provided the physician's plan of care was to perform the Epidural Steroid injections at L4-5 and L5-S1 as well as the facet joint block at the medial branch levels L3-4, L4-5 and L5-S1 bilaterally, on the same visit. The rationale was to save the injured worker from having to travel. Epidural Steroid injection may be considered for the injured worker. However, the guidelines state that it is currently not recommended to perform additional blocks on the same visits as this may lead to improper diagnosis or unnecessary treatment. Therefore, the request for lumbar epidural steroid injection L4-L5 and L5-S1 is not medically necessary or appropriate.