

Case Number:	CM14-0002404		
Date Assigned:	04/04/2014	Date of Injury:	02/13/2013
Decision Date:	05/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine and Emergency 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:

This patient is a 54 year-old with a date of injury of 2/13/13. A progress report associated with the request for services, dated 12/9/13, identified subjective complaints of low back pain radiating into the left leg with numbness. Objective findings included lumbar decreased range-of-motion and a positive straight leg-raising. Motor and sensory function was normal. MRI revealed disc herniation at L3-4 with foraminal encroachment. Diagnoses included lumbar disc extrusion and lumbar strain. Treatment has included physical therapy, chiropractic, injection, and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L3-4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines; and the BMC Musculoskeletal Disorder 2013;14(206)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note that epidural steroids injections (ESIs) offer short-term relief from radicular pain, but do not affect impairment

or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) state that an epidural steroid injection offers no significant long-term benefit. Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections should be authorized; the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to four blocks per region per year may be used. Current research does not support a series-of-three injections. The non-certification was based upon lack of documentation of a radiculopathy due to a normal motor and sensory examination. Radiculopathy is defined as nerve root impingement that has progressed enough to cause neurological signs and/or symptoms. Tests such as positive straight leg-raising, motor function, dermatome sensory loss, and reflex impairment actually have a low correlation with radiculopathy. In this case, the claimant does appear to have symptoms of radiculopathy as well as the objective finding of a straight leg-raising test. Likewise, the diagnosis is supported by imaging. Conservative measures have been attempted and failed. One injection is requested. Therefore, there is documented medical necessity for an epidural steroid injection. The request is certified.