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| Case Number: | CM14-0004435 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 10/16/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 54-year-old male who has submitted a claim for lumbago, lumbar disc displacement, and lumbosacral radiculitis; associated from an industrial injury date of 10/16/2012. Medical records from 11/28/2012 to 01/09/2014 were reviewed and showed that patient complained of persistent neck pain. The pain is aggravated by repetitive movements and prolonged positions of the neck, as well as pushing, pulling, lifting, forward reaching, and working at or above the elbow. Physical examination showed tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test was positive. Motor strength was normal. Patellar reflex at the left was +1. Sensation was diminished at left lateral thigh. MRI, dated 11/28/2012, revealed a paracentral broad based disc protrusion at L4-L5 causing mild narrowing of the canal, and slight compression of the L5 nerve root within the subarticular recess. There was mild narrowing of both neuroforamina without nerve impingement of the exiting nerve roots. Treatment to date has included cyclobenzaprine, tramadol, Terocin patch, sumatriptan, and physical therapy. Utilization review, dated 12/12/2013, denied the request for Outpatient Left L4-L5 Lumbar Steroid Injection, Under Anesthesia because there was no documentation of failed therapy trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT L4-L5 LUMBAR STEROID INJECTION UNDER ANESTHESIA:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Section Epidural Steroid Injections Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the employee complains of back pain accompanied by radicular symptoms despite medications and previous physical therapy. On physical exam, hyporeflexia, dysesthesia, and positive seated nerve root test were noted. Radiculopathy is present; however, MRI findings revealed mild narrowing of both neuroforamina without nerve impingement of the exiting nerve roots at L4-L5. The criteria for ESI have not been met. Therefore, the request for Outpatient Left L4-L5 Lumbar Steroid Injection Under Anesthesia is not medically necessary.