

Case Number:	CM14-0005498		
Date Assigned:	01/24/2014	Date of Injury:	07/30/2013
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 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 patient is a 63-year-old female who has submitted a claim for cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, knee sprain/strain, and knee tend/burs associated with an industrial injury date of July 30, 2013. Medical records from 2013 were reviewed. The patient complained of radiating pain from the lower back to the left lower extremity. Physical examination showed loss of patellar reflex on the left, dysesthesia over the L5 level, crepitation of the patella, and joint line tenderness on the left knee. MRI of the lumbar spine done November 6, 2013 showed L4-5 moderate disc degeneration with diffuse disc bulge; severe bilateral facet arthritis, severe canal stenosis, and severe bilateral foraminal stenosis. Treatment to date has included NSAIDs, topical analgesics, physical therapy, and surgery. Utilization review from December 30, 2013 modified the request for lumbar epidural steroid injection x2, L4-5 to lumbar epidural steroid injection, L4-5 because until the results of the first epidural steroid injection are assessed, any subsequent injections could not be authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS X 2, L4-5: 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, CHAPTER EPIDURAL STEROID INJECTIONS (ESI) , 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, lumbar epidural steroid injection was prescribed to reduce the patient's symptoms conservatively before proceeding with operative intervention. The patient manifested with signs and symptoms of radiculopathy. MRI done last November 6, 2013 showed L4-5 moderate disc degeneration with diffuse disc bulge, severe bilateral facet arthritis, severe canal stenosis, and severe bilateral foraminal stenosis. MRI findings are consistent with the patient's complaints. However, subsequent epidural steroid injections are dependent on the results of the preceding injection. Moreover, the laterality for injection was not specified. Therefore, the request for lumbar epidural steroid injection x2, L4-5 is not medically necessary.