

Case Number:	CM14-0006722		
Date Assigned:	02/07/2014	Date of Injury:	06/18/2012
Decision Date:	06/23/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 06/18/2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/07/2014 reported the injured worker complained of low back pain which caused migraine headaches. Upon physical exam, the provider noted there was no tenderness to palpation of the lumbar spine. The provider also noted range of motion was normal. The provider noted the injured worker had a positive supine straight leg raise and a seated straight leg raise was also positive. The provider noted the injured worker had diagnoses of displacement of the lumbar intervertebral disc without myelopathy, sciatica, low back pain, degenerative interval disc, backache, intervertebral disc disorder, and enthesopathy of hip region. The injured worker previously had a lumbar epidural steroid injection at L5-S1 in 09/2013 which provided 50% relief. The provider also noted the injured worker failed physical therapy and NSAIDs and was not making any progress. The provider requested a right interlaminar lumbar epidural steroid injection at L5-S1. However, a rationale was not provided within the documentation. Additionally, the request for authorization was not provided within the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT INTERLAMINAR LUMBAR EPIDURAL STEROID INJECTION AT L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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 for right interlaminar lumbar epidural steroid injection at L5-S1 is not medically necessary. The injured worker complained of low back pain which caused migraine headaches. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note unresponsiveness to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. The guidelines note injections should be performed using fluoroscopy for guidance. The guidelines note a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The provider noted the injured worker tried and failed physical therapy and NSAIDs. There was lack of documentation indicating the length of pain relief the injured worker previously had from the prior epidural steroid injection. The clinical documentation submitted indicated the injured worker had a positive straight leg raise. However, the requesting physician did not provide adequate imaging studies and/or electrodiagnostic testing to corroborate findings or radiculopathy. The injured worker previously had a lumbar epidural steroid injection at L5-S1 in 09/2013 which provided 50% relief. However, there was a lack of documentation indicating if the pain relief included the reduction of medication use for 6-8 weeks. There were minimal objective findings indicating radiculopathy on the physical exam. Therefore, the request for right interlaminar lumbar epidural steroid injection at L5-S1 is not medically necessary.