

Case Number:	CM14-0008335		
Date Assigned:	02/12/2014	Date of Injury:	08/16/2013
Decision Date:	07/15/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation 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 59-year-old male who has submitted a claim for lumbar muscle strain and spasm associated with an industrial injury date of August 16, 2013. Medical records from 2013-2014 were reviewed. The patient complained of persistent lower back pain, grade 2-6/10 in severity. The pain was characterized as dull and aching. It was exacerbated by flexion, extension, lateral bending, lifting, pushing, and pulling. The pain radiates to the bilateral lower extremities with numbness, tingling, and weakness. Physical examination showed tenderness of the lumbar spine. There was full lumbar spine range of motion. Neurological exam was normal. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, lumbar epidural injection, and trigger point injections. Utilization review, dated January 3, 2014 denied the request for lumbar ESI #1 because the documentation provided does not contain any imaging studies or EMG/NCS reports to corroborate the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (EPIDURAL STEROID INJECTION) LUMBAR TIMES (1): Upheld

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

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

Decision rationale: According to page 46 of the 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, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent low back pain with lower extremity symptoms. A progress report dated December 16, 2013 stated that an epidural was done in 2012 which resolved the patient's symptoms. However, objective pain relief measures and evidence of functional improvement were not documented. In addition, recent physical examination findings do not show evidence of radiculopathy. Diagnostic imaging studies like MRI or EMG/NCV were not available as well. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for ESI (epidural steroid injection) lumbar times one is not medically necessary.