

Case Number:	CM14-0009141		
Date Assigned:	02/14/2014	Date of Injury:	07/02/2010
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 49-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of July 2, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating down to the right lower extremity. He is also being treated for hip pain and is status post bilateral hip replacement. Physical examination showed diffuse nonspecific pain at the lower lumbar paravertebral muscles. MRI obtained on April 16, 2013 revealed multilevel deteriorative disc changes, greatest at the L4-5 level, showing slight to moderate disc space narrowing; and multilevel annular compromise/tearing involving the right paracentral aspect of the L2-3 disc, the dorsal midline aspect of the L2-3 disc, the dorsal midline aspect of the L4-5 disc and the right neuroforaminal-adjacent aspect of the L5-S1 disc. The diagnoses were moderate to severe lumbar disc disease with axial discomfort with no obvious evidence of radiculopathy and status post bilateral total hip replacement. Treatment plan includes a request for lumbar epidural injection. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy and chiropractic therapy. Utilization review from January 13, 2014 denied the request for lumbar epidural injection because there was no history or physical examination to support radicular pain. The MRI does not show neural foraminal or nerve root impingement. Also, the level, side and type of injection were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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; injections should be performed using fluoroscopy (live x-ray) for guidance; no more than two nerve root levels should be injected using transforminal blocks; and no more than one interlaminar level should be injected in one session. In this case, the patient complained of low back pain radiating to the right lower extremity. However, there was no objective evidence of radiculopathy based on the physical examination findings. Imaging studies did not show nerve root impingement. There was also no evidence of failure of conservative management to improve pain. The guideline criteria were not met. Moreover, the request did not specify the laterality, level, type, and number of injections to be given. Therefore, the request for Lumbar Epidural Injection is not medically necessary.