

Case Number:	CM14-0102335		
Date Assigned:	07/30/2014	Date of Injury:	02/08/2013
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Pain Medicine 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 59-year-old male who reported an injury on 02/06/2013 due to unknown circumstances. The injured worker's diagnoses were musculoligamentous sprain and strain, lumbosacral spine, and L2-3 instability, L4-5 neuroforaminal narrowing. The prior treatments were for physical therapy and medication therapy. The injured worker's prior diagnostics include an x-ray dated 04/14/2014 of the lumbar spine with L5-S1 motion on lateral flexion/extension studies and diffuse degenerative changes, and an MRI of the lumbar spine dated 05/09/2014 which revealed L2-3 decompression with retrolisthesis on the left with L4-L5 neuroforaminal narrowing. The injured worker complained of pain to the lower back that radiates to the left lower extremity. The injured worker rated the pain as 8/10 without medication and 2/10 with medication. On the physical examination dated 07/21/2014, there was weakness and numbness on the left at L5-S1. Straight leg raise and bowstrings were positive on the left. Lumbar spine range of motion was decreased by 30%. The provider's treatment plan was for lumbar epidural steroid injection x1 for radiculopathy symptoms and objective findings on exam. The treatment plan was for refill of medications Naproxen. The rationale for the request was for radiculopathy symptoms. The Request for Authorization form was provided with documentation submitted for review dated 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L2, L3, L4-L5 Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection for workers with radiculopathy documented on physical examination corroborated on an MRI and/or Electrodiagnostic studies. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. On the most recent clinical examination, there was documentation of bilateral upper and lower extremity weakness and numbness on the left at L5-S1 with a positive straight leg raise test. Although there was weakness and numbness documented to the L5- S1 distribution there were no neurological deficit reported to the requested L2-L3, L3-L4 and L4-L5 dermatomal distributions. There is also documentation on objective finding of the MRI of the lumbar spine showing decompression with retrolisthesis at L4-5. There was lack of documentation on the original MRI to corroborate radiculopathy. The guidelines also state that a second epidural injection is not recommended unless there is adequate response to the first injection and the request is for 2 injections which would not allow for re-assessment of the patient to determine efficacy. Guidelines also indicates that no more than two nerve root levels should be injected using transforaminal blocks or no more than one interlaminar should be injected I at one session. The request as submitted exceeds the recommended 2 levels. As such, the request for Lumbar Epidural Steroid Injection, L2, L3, L4-L5 quantity: 2 is not medically necessary.