

Case Number:	CM14-0107939		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2014
Decision Date:	09/26/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 51-year-old male who has submitted a claim for lumbar disc displacement without myelopathy, sprains and strains of the neck, and shoulder and arm sprain/strain associated with an industrial injury date of February 25, 2014. Medical records from 2014 were reviewed. The patient complained of severe back and left leg pain. There was numbness and tingling in the lower aspect of the left leg in his L5 distribution. Lumbar epidural steroid injection at L4-L5 was requested but was denied. Physical examination showed spasm and guarding at the lumbar spine. Sensation was decreased in the left L5 dermatome. Straight leg raise test was positive on the left. MRI of the lumbar spine, dated April 21, 2014, revealed broad-based disc protrusion at L4-L5 with small annular tear without any nerve root impingement or spinal canal stenosis. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, and activity modification. Utilization review, dated June 26, 2014, denied the request for lumbar epidurogram with IV sedation because the request is a part of a non-certified procedure. An appeal letter, dated August 11, 2014 state that there were positive findings of radiculopathy involving the left L4-L5 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidurogram with IV Sedation: 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 injection Page(s): 46.

Decision rationale: According to page 46 of the 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 this case, the requested imaging study was presumably in conjunction with a lumbar epidural steroid injection. The patient presented with low back and left leg pain with associated numbness and tingling. Physical examination showed decreased sensation in the left L5 dermatome and positive straight leg raise test on the left. MRI of the lumbar spine dated April 21, 2014 revealed L4-L5 with small annular tear without any nerve root impingement or spinal canal stenosis. There was not enough evidence of radiculopathy. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. Progress report dated August 4, 2014 state that additional physical therapy was being requested because it has been helpful for him. The guideline criteria for a lumbar epidural steroid injection have not been met. Lumbar epidural steroid injection at L4-L5 was previously requested but was denied. Therefore, the request for Lumbar Epidurogram with IV Sedation is not medically necessary.