

Case Number:	CM14-0108080		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2012
Decision Date:	10/03/2014	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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

This case involves a 36 year old male who sustained an industrial injury on 9/15/2012, involving the low back. Diagnoses are lumbar disc degeneration and radiculopathy. Treatment to date has included lumbar epidural injections x 3 and medications. The patient was seen for a new patient orthopedic surgical evaluation on 4/29/2014. It is noted that conservative treatment has included a right L4-5 TFESI on 5/13/2013 and on 9/24/2013 and 2/28/2014. The most recent ESI had no reported efficacy. A 12/18/2012 EMG/NCS suggested bilateral L5-S1 radiculopathy and a 12/29/2012 LESI was reviewed. The patient recently had a follow-up with PTP on 5/30/2014, regarding his low back complaint. He complains of pain in the back that radiates to the right leg. Pain is rated 8/10. His medications stay the same. He is currently working full time. On examination, motor strength is symmetric in all muscle groups, sensory is grossly intact, reflexes are symmetric bilaterally, straight leg raises positive at 80 degrees on the right, palpation over the back elicits pain, and gait and ROM of the right hip are normal. Medications are Diclofenac and Tramadol. The patient requests another injection. The last injection helped considerably and lasted several months. Plan is for LESI at right L4 and L5. The injured worker's work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection to L4-L5.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural Steroid Inject. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back Procedure Summary Criteria for Epidural Steroid Injections (ESI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The CA MTUS guidelines state for consideration of epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As documented in the 5/30/2014 progress report, the patient continues to have normal motor, sensory and reflexes on examination. The medical records do not establish the existence of objective findings indicative of active radiculopathy with corroborative findings on imaging study and/or EMG study. There lacks physical examination that correlates to the requested L4-5 ESI. Furthermore, the guidelines state that in the therapeutic phase, repeat blocks 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. The patient's last ESI was on 2/28/2014. When examined on 3/14/2014, the patient reported the recent ESI did not seem to help. There was no change in subjective complaints or objective findings. Given that the medical records establish the patient did not benefit with the prior ESI, a repeat injection is not supported. As such, the request is not medically necessary.