

Case Number:	CM14-0108645		
Date Assigned:	08/01/2014	Date of Injury:	08/12/2013
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 injured worker is a 38-year-old male, who reported an injury 08/12/2013. The clinical note dated 03/06/2014 indicated diagnoses of lumbar disc protrusion with extrusion at L5-S1, left lumbar radiculopathy, and tear at the right TFCC. The injured worker reported he was waiting to proceed with lumbar epidural injection. On physical examination of the lumbar spine, there was tenderness to palpation in the right upper mid and lower paravertebral muscles. The injured worker's range of motion revealed flexion of 30 degrees with 20 degrees right lateral bending, 15 degrees left lateral bending, 20 degrees right lateral rotation, 20 degrees left lateral rotation, and extension of 15 degrees. There was increased pain with lumbar motion. The injured worker's straight leg raise and rectus femoris stretch did not demonstrate any nerve irritability. The injured worker's lower extremity examination revealed patchy decreased sensation in the left lower extremity in the L5 distribution. There was 4/5 strength in the left extensor hallucis longus, tibialis anterior, and gastroc soleus. The injured worker's treatment plan included authorization for lumbar epidural injection. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for lumbar epidural injection to include anesthesia and fluoroscopy. A Request for Authorization, dated 03/06/2014, was submitted for lumbar epidural injection. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection to include anesthesia and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: The request for Lumbar epidural injection to include anesthesia and fluoroscopy is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is lack of documentation of an official MRI to corroborate radiculopathy. In addition, there is lack of documentation indicating the injured worker has anxiety to warrant sedation. Moreover, the request does not indicate what level for the lumbar epidural injection. Therefore, the request is not medically necessary.