

Case Number:	CM14-0010767		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2005
Decision Date:	07/18/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 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:

Patient is a 51-year-old female who has submitted a claim for lumbar radiculitis, Vicodin addiction, bilateral lower extremity radiculopathy, failed back syndrome, urinary incontinence, hypertension, and status post gastric bypass associated with an industrial injury date of January 28, 2005. Medical records from 2013 were reviewed. Patient complained of low back pain, grade 5-8/10 in severity, radiating to bilateral lower extremities. Aggravating factors included prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Bilateral hamstring tightness was noted. Motor exam, reflexes and sensation were intact. Official MRI result was not made available for review. Treatment to date has included thoracic spine fusion in 2009, spinal cord stimulator implant, lumbar epidural steroid injection, physical therapy, aqua therapy, acupuncture, and medications such as zolpidem, morphine, metopropol, gabapentin, and Fentanyl. Utilization review from December 26, 2013 denied the request for lumbar epidural steroid injection times 3 because there was no evidence of active radiculopathy in the most recent physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS, TIMES 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: As stated on page 46 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of low back pain, radiating to bilateral lower extremities. Physical examination showed restricted lumbar range of motion, normal strength, intact sensation, and normoreflexia. Manifestations are not consistent with radiculopathy. Official magnetic resonance imaging (MRI) result was likewise not available for review. A report from 12/12/2013 revealed that patient underwent previous lumbar ESI; however, pain relief and functional outcomes were not documented. Guideline criteria were not met. Furthermore, the request failed to specify intended level for injection. Therefore, the request for lumbar epidural steroid injections, times 3 is not medically necessary.