

Case Number:	CM14-0010996		
Date Assigned:	02/21/2014	Date of Injury:	03/15/2013
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
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 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 35-year-old male who has submitted a claim for lumbar sprain and lumbosacral neuritis associated with an industrial injury date of March 15, 2013. Medical records from 2013 were reviewed. The patient complained of middle and lower back pain and weakness with radiation to the buttocks. Physical examination of the thoracolumbar spine showed tenderness over L5-S1, and restricted ROM at flexion of 60 degrees, extension of 10 degrees, and right and left lateral bending of 15 degrees. SLR was positive on the left. Motor strength of left extensor hallucis longus was weak. MRI of the lumbar spine from June 6, 2013 showed posterior disc bulges of 2 mm at L3-4; 3-4mm each at L4-5 and L5-S1 with mild left sided central canal narrowing at the L4-5 level. Treatment to date has included NSAIDs, muscle relaxants, TENS, acupuncture, physical therapy, and lumbar epidural steroid injection (7/25/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT LEFT L4-5 OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and the injections should be performed using fluoroscopy. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, progress notes from December 2013 reported lower back pain with radiculopathy and improvement of symptoms with oral pain medication intake. MRI from June 6, 2013 reported posterior disc bulges of 2 mm at L3-4; 3-4 mm each at L4-5 and L5-S1 with mild left-sided central canal narrowing at the L4-5 level. Patient had a previous left lumbar L4-5 epidural steroid injection last July 25, 2013. However, progress notes from August 14, 2013 reported that it did not provide significant pain relief, which lasted for several days only. Imaging findings were negative for frank nerve root compromise. Guideline criteria were not met. Therefore, the request for lumbar epidural steroid injection at left L4-5 of the lumbar spine is not medically necessary.