

Case Number:	CM14-0011421		
Date Assigned:	02/21/2014	Date of Injury:	04/19/2009
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Pain 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 54-year-old male who was injured on 04/19/2009. The mechanism of injury is unknown. Prior treatment history has included home exercise program, non-steroidal anti-inflammatory drugs (NSAIDs) therapy, opioid medications, physical therapy, and anti-neuropathic medications. The patient underwent a left L4 and L5 facet block which gave him about 20% pain relief on 09/04/2013. The patient's medications as of 01/31/2014 include Tylenol, Ibuprofen as needed (PRN), Gabapentin 300mg, Percocet 10/325, Celebrex 200mg, Lidoderm patch 5%, Ambien 10mg and Omeprazole. The Spine clinic note dated 01/31/2014 states the patient has a decrease in functionality. His tolerance for walking, sitting, and standing have decreased by 50% because of ongoing left buttock and low back pain. He describes pain with extension and lateral rotation. The patient has continued to have some left buttock pain with numbness and tingling that goes into the foot. He states that this pain has been significant and has limited him from doing home exercises. On exam, he has an antalgic gait. He is unable to heel walk. He has positive slump's testing on the left side. There is decreased sensation to light touch and pinprick in the left medial calf and lateral calf. There is left extensor hallucis longus (EHL) at 4/5. The diagnoses are lumbar spondylosis without myelopathy, axial low back pain, left L5, and S1 radiculopathy, cervicalgia, left rotator cuff tendinosis. Prior utilization review dated 12/31/2013 states the request for left L4 and L5 epidural steroid injection is not certified as there is no indication for radiculopathy. There are no imaging studies to justify the request nor are there any findings that report a decrease in deep tendon reflexes or motor loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4 AND L5 EPIDURAL STEROID INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS,.

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

Decision rationale: As per CA MTUS guidelines, the purpose of Epidural Steroid Injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore, the criteria for use of ESI is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). In this case, this patient reports left lower back pain radiating to left buttock and hip area with numbness and tingling down into the foot. The treatment history includes pain medications, physical therapy, home exercise program, and left L4 and L5 facet block. On exam, there is documentation of positive Slump test on left, decreased sensation to light touch/pinprick in the left medial calf and lateral calf and left extensor hallucis longus (EHL) weakness at 4/5. A progress report dated 01/31/2014 documents that the electrodiagnostic study was positive for left L5 radiculopathy. Thus, the medical necessity has been established and the request for the left L4 and L5 epidural steroid injection is certified.