

Case Number:	CM14-0011918		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2009
Decision Date:	08/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 50-year-old female who has submitted a claim for cervical radiculopathy, lumbar disc herniation with radiculopathy, bilateral shoulder tendinitis, chronic insomnia, chronic gastritis, and mild depression associated with an industrial injury date of 06/03/2009. Medical records from 2012 to 2013 were reviewed. Patient complained of low back pain radiating to the left lower extremity associated with numbness, graded 7 to 9/10 in severity. Physical examination of the lumbar spine showed limited range of motion and tenderness. Motor strength was normal. Hyporeflexia of left patella and ankle was noted. Straight leg raise test was positive at the left. Sensation was diminished at left L5-S1 dermatomes. MRI of the lumbar spine, dated 07/30/2009, demonstrated a 2 mm circumferential disc bulge with focality in the right posterior paracentral region at the L5-S1 level, right neural foraminal narrowing at L5-S1, and patent central spinal cord canal and left neural foramen. At L3-L4, there was a left posterior paracentral annular tear, with patent central spinal canal and neural foramina. Treatment to date has included L5-S1 epidural steroid injection on 08/09/2012, home exercise program, physical therapy and medications. Utilization review from 01/16/2014 denied the request for lumbar ESI because there was no evidence concerning failure in conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: As stated on page 46 of CA 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, clinical manifestations are consistent with radiculopathy: back pain radiating to the left lower extremity, hyporeflexia of left ankle / patella, dysesthesia at left L5-S1 dermatomes, and a positive SLR, left. MRI of the lumbar spine, dated 07/30/2009, showed right neural foraminal narrowing at L5-S1. Patient underwent previous ESI at L5-S1 level, which provided her 6 to 7 months of pain relief, allowing her to increase functionality. However, medical records submitted and reviewed failed to provide evidence of failure in conservative care involving physical therapy. Total number of sessions attended is unknown due to insufficient documentation. The clinical presentation of focal neurologic deficit at the left lower extremity is likewise not compatible with the MRI result of right neural foraminal narrowing. Moreover, the MRI results failed to include severity of foraminal narrowing or presence of neural impingement. The request likewise failed to specify intended level and laterality for injection. The request is incomplete; therefore, the request for lumbar ESI is not medically necessary.