

Case Number:	CM14-0012432		
Date Assigned:	02/21/2014	Date of Injury:	04/15/2011
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Medication, and is licensed to practice in Tennessee. 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 65-year-old who has submitted a claim for lumbar disc injury with facet arthralgia, right L5 radiculopathy, right S1 arthralgia, and right hip arthralgia; associated with an industrial injury date of April 15, 2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the right foot. Physical examination showed decreased lordosis of the lumbar spine. Tenderness was noted right L4-5 and L5-S1 paraspinal tenderness with spasm. Flip test was negative. Range of motion of the lumbar spine was limited by pain. Motor and sensory testing was normal. MRI of the lumbar spine, dated November 18, 2013, showed moderate bilateral L3-L4 and L4-L5 lateral recess and foraminal stenosis. No stenosis was noted at the level of L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injection, and sacroiliac joint injection. Utilization review, dated January 17, 2014, denied the request for epidural steroid injection because guidelines support ESI for up to two levels, and only if there are subjective complaints in a dermatomal distribution, supported by physical examination findings, and corroborated by diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right epidural steroid injections at L4,L5, & S1: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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, the patient complains of back pain accompanied by radicular symptoms despite medications, physical therapy, and previous ESI. However, physical examination did not show evidence of radiculopathy or neurologic deficits. The patient has had one previous ESI in July 2011; however, there was no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from previous ESI. The criteria for ESI have not been met. Therefore, the request for right epidural steroid injections at L4,L5, & S1, is not medically necessary.