

Case Number:	CM14-0012700		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2011
Decision Date:	08/04/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/31/2014

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 68-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 07/08/2011. The medical records from 2013 to 2014 were reviewed and showed that patient complained of back pain radiating to the right hip. The physical examination showed tenderness over the lower back. The range of motion was limited. Straight leg raise test was negative bilaterally. Hip motion produced right groin pain. Motor testing showed weakness of the right iliopsoas and quadriceps. An MRI of the lumbar spine, dated 11/16/2011, showed mild right L2-L3 neuroforaminal narrowing, and mild to moderate bilateral L3-L4 neuroforaminal narrowing. The treatment to date has included medications, acupuncture, physical therapy, and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI) L2-3, L3-4 Lumbar/Sacral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) chapter.

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

Decision rationale: As stated on page 46 of the CA MTUS 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite previous medications, physical therapy, and ESI. On the physical exam, weakness of the iliopsoas and quadriceps was noted. Straight leg raise test was negative bilaterally. An MRI of the lumbar spine, dated 11/16/2011, showed mild right L2-L3 neuroforaminal narrowing, and mild to moderate bilateral L3-L4 neuroforaminal narrowing. A previous ESI was performed on 10/21/2013, and provided more than 50% pain relief and reduced intake of medication. However, the medical records provided for review showed no evidence of reduced need for medication as evidenced by decreased medication prescription, as well as duration of pain relief. Lastly, the present request as submitted failed to specify the laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for lumbar epidural steroid injection L2-3, L3-4 lumbar/sacral is not medically necessary.