

Case Number:	CM14-0012801		
Date Assigned:	02/24/2014	Date of Injury:	05/07/2009
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
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 35-year-old female who has submitted a claim for chronic bilateral lumbar radiculopathy, right greater than left; chronic bilateral carpal tunnel syndrome; chronic bilateral medial and lateral epicondylitis; and chronic bilateral de Quervain's tenosynovitis associated with an industrial injury date of May 7, 2009. Medical records from 2013 were reviewed. The patient complained of persistent low back pain, rated 8/10 in severity. The pain radiates to the right leg in an L5 distribution. Physical examination showed tenderness of the lumbar paraspinal muscles and sacral sulcus. There was painful lumbar range of motion. Straight leg raise test was positive, more on the right. Motor strength and sensation was intact. MRI of the lumbar spine, dated April 30, 2013, revealed stable appearing disc protrusion at L4-L5 causing mass effect on the transiting right L5 nerve root, moderate facet arthropathy at L4-L5 and L5-S1, and moderate right and mild left neural foraminal stenosis at L4-L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, Utilization review, dated January 20, 2014, denied the request for lumbar epidural steroid injection at L5 because there was insufficient evidence of neurological deficits such as motor or sensory changes in the dermatomal distribution of the lower extremities.

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) at Lumbar 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent low back pain with radiation to the right leg on an L5 distribution. Although MRI of the lumbar spine dated April 30, 2013 showed findings of nerve compromise particularly on L4-L5, there is not enough objective evidence of radiculopathy from the recent medical records submitted. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, while the patient presented with bilateral radiculopathy, the present request failed to specify the laterality. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTION (ESI) AT LUMBAR 5 is not medically necessary.