

Case Number:	CM14-0014445		
Date Assigned:	02/28/2014	Date of Injury:	10/10/2012
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 65-year-old female who has submitted a claim for lumbar discogenic pain with myospasm, degenerative disc disease from L3 through S1, disc protrusion with annular tear at L4-L5 and L5-S1, and lumbar spine dysfunction secondary to above associated with an industrial injury date of October 10, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent back pain, rated 7/10 in severity. The pain was sharp and throbbing. Standing and lifting aggravated the pain. Physical examination showed myospasm of the quadratus lumborum. No lumbar tenderness was noted. Straight leg raise test was positive on the left. Range of motion of the lumbar spine was restricted. Motor and sensation was intact. MRI of the lumbar spine, dated March 16, 2013, revealed L3-L4 mild disc degeneration with 2mm circumferential bulge and facet arthropathy causing mild central canal stenosis and mild bilateral foraminal narrowing. Treatment to date has included medications, physical therapy, triangular fibrocartilage complex repair, home exercise program, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT THE LEFT L3-L4 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS 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: 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 injections 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. Medical records submitted for review showed evidence that the patient underwent a lumbar epidural steroid injection on L3-L4 last October 22, 2013. However, objective pain relief measures and evidence of functional improvement were not documented. Although the patient presented with positive straight leg raise test on the left, there was not enough evidence to prove that the patient has radiculopathy. MRI of the lumbar spine dated March 16, 2013, revealed L3-L4 mild disc degeneration with 2mm circumferential bulge and facet arthropathy causing mild central canal stenosis and mild bilateral foraminal narrowing. The clinical objective findings are not consistent with the MRI results. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request is not medically necessary.