

Case Number:	CM14-0015534		
Date Assigned:	02/28/2014	Date of Injury:	12/01/2012
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation 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 64-year-old female with an injury reported on 12/01/2012. The mechanism of injury was not provided within the clinical documentation. The clinical note dated 02/26/2014 reported the injured worker complained of progressively worsening left sided low back pain. It was reported the injured worker's low back pain traveled down her left leg, causing a numbness and tingling sensation to her left calf. Upon physical examination, the injured worker had restricted range of motion to the lumbar spine demonstrating flexion to 45 degrees. The injured worker had a positive straight leg raise to the left lower extremity at 90 degrees. It was reported the injured worker has no major motor or sensory deficits. A 7 view lumbar x-ray showed mild degenerative disc disease without spondylolisthesis or acute fractures. The injured worker's prescribed medication list was not provided in recent clinical note. The injured worker's diagnoses included L4-5 left paracentral and foraminal disc protrusion and moderate to severe central and left foraminal stenosis. The provider requested L4-5 lumbar epidural steroid injection (ESI) to decrease pain, increase her range of motion, and decrease her need for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: The CA MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. In this case, the injured worker complained of progressively worsening left sided low back pain that traveled to her buttocks down her left leg, causing numbness and tingling sensation to her left calf. The provider requested the lumbar epidural steroid injections to decrease the injured worker's level of pain, increase her range of motion, and to decrease her need for pain medications. There is a lack of clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDs. The Guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. Given the information provided, there is insufficient evidence to determine appropriateness to warrant this procedure. The request for L4-5 Lumbar Epidural Steroid Injection (ESI) is not medically necessary.