Case Number:	CM14-0016295		
Date Assigned:	06/11/2014	Date of Injury:	04/25/2013
Decision Date:	08/05/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas Oklahoma. 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 male with a reported date of injury on 04/25/2013. The injury reportedly occurred while the injured worker was lifting heavy boxes. MRI of the lumbar spine was performed 12/19/2013 which revealed mild central canal stenosis at the L4-5 secondary to a 3.5 mm broad-based disc protrusion, short pedicles, and mild ligamentum flavum redundancy. The MRI also showed mild central stenosis at L5-S1 secondary to a 6 point mm broad-based disc herniation as well as minimal central canal stenosis seen at L3-4 secondary to a 3 point mm disc protrusion and short pedicles. His diagnoses were noted to include lumbar sprain/strain, lumbar radiculopathy, and back muscle spasms. His previous treatments were noted to include chiropractic care, acupuncture, home exercise program, medications, and physical therapy. The progress note dated 01/08/2014 revealed the injured worker complained of right lower lumbar pain rated 1/10 to 2/10 described as dull and mild. The injured worker indicated there was a radiation of back pain to the posterior right leg and denies leg weakness or numbness and tingling to the lower extremities. The physical examination of the lumbar spine revealed no spasms of the thoracolumbar spine and paravertebral musculature. There was tenderness of the paravertebral musculature to the right lower lumbar. There was no restriction of range of motion to the back. The neurological examination revealed bilateral and Achilles deep tendon reflexes were 2/4. The sensation was intact to the light touch and pinprick in all dermatomes of the bilateral lower extremities and the straight leg raise test was negative. The progress note dated 01/17/2014 revealed the injured worker complained of low back pain that radiated down into the right hip, back, and right leg. The injured worker reported that the pain felt like the nerve was twitching. The physical examination of the lumbar spine noted the range of motion to the lumbar spine was unrestricted and there was no evidence of radiating pain to the

lower extremities on lumbar motion. There was a positive straight leg raise noted to the right. The neurological examination noted sensation was intact to light touch, pinprick, and 2 point discrimination in all dermatomes in the bilateral lower extremities as well as full motor strength. The deep tendon reflex examination revealed the right leg was 1+ and the left lower extremity was 2+. The Request for Authorization Form dated 01/22/2014 was for a lumbar epidural steroid injection due to radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION (ESI) TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for an epidural steroid injection to the lumbar spine is not medically necessary. The injured worker has documented lumbar radiculopathy from an MRI and a positive straight leg raise. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. The injections should be performed using fluoroscopy for guidance. The guidelines state, if used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. The guidelines criteria states no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation and a specific dermatomal distribution. Additionally, the request failed to provide the levels for which the injection is to be applied. Therefore, the request is not medically necessary.