

Case Number:	CM14-0017886		
Date Assigned:	06/16/2014	Date of Injury:	11/23/2013
Decision Date:	08/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 11/23/2013 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/06/2014, the injured worker complained of no change in status of pain to both left and right leg. The injured worker's pain level status was rated at 5/10 to 6/10. It was noted that an MRI was done and that the injured worker was interested in acupuncture to help further decrease her signs and symptoms. Prior treatments have included physical therapy, acupuncture and prescribed pain medications. The physical examination revealed tenderness to palpation to the paralumbar spine, spine flexion 50 degrees with pain and a positive straight leg raise with pain. The diagnoses included sprain or strain of lumbar region. The treatment plan included a prescription for Mobic 75 mg, a new resubmission of acupuncture, ESI and a neurosurgical order. A request for acupuncture 6 sessions over 3 to 6 weeks to decrease pain and increase function to lower back pain and relieve signs and symptoms. The Request for Authorization for lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 UNDER FLUOROSCOPIC GUIDANCE: 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 (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for the use of epidural steroid injections (ESI): 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; 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. In the clinical notes provided for review, it is annotated that the injured worker had a positive straight leg raise with the left knee greater than the right; however, there is lack of documentation of an imaging study to corroborate these findings. Additionally, there is documentation that the injured worker is participating in physical therapy and reported some progress. Furthermore, there is lack of documentation of failure of conservative therapy such as physical therapy and oral medications. Therefore, the request for a lumbar epidural steroid injection at L5-S1 under fluoroscopy guidance is non-certified.