

Case Number:	CM14-0018362		
Date Assigned:	04/18/2014	Date of Injury:	08/30/2013
Decision Date:	08/14/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 33-year-old male who sustained a work related injury on 08/30/2013 when he was working on a ladder and fell to the floor. Since then, he had a continual complaint of lower back pain. Since his injury, the patient has complained of constant, 7/10 on visual analog scale (VAS), sharp in character in the lower back pain, predominately right sided with right leg radiculopathy that worsens upon standing and prolonged walking. His pain is lessened with rest. Appreciable spasm and tenderness in the paraspinal muscles with tenderness in the sciatic notch bilaterally. Identifiable decreased lumbar range of motion with 'Straight leg rising causes back pain bilaterally'. A lumbar MRI dated 10/2/13 identifies a 2mm bulge at L4-5, a 6mm central extruded herniation at the L5-S1 intervertebral disc, hypertrophic changes at the facet joints, moderate right, but minimal left S1 lateral recess stenosis. There is a lateral bulge in the annulus and spondylosis with moderate left and minimal to moderate right foraminal stenosis. A minimal retrolisthesis is present. The patient has tried Norco, Skelaxin, Etodolac, Tramadol/Acetamin HCL 37.5 / 325, Cyclobenzaprine 5mg, Polar Frost, chiropractic care and Acupuncture. In dispute is a decision for Lumbar Epidural Steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As the patient has a complaint of right-sided radicular symptomatology corroborated by MRI, the requested ESI is medically necessary.