

Case Number:	CM14-0019075		
Date Assigned:	05/07/2014	Date of Injury:	02/14/2008
Decision Date:	08/04/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old female who has submitted a claim for lumbar musculoligamentous sprain/strain associated with an industrial injury dated 02/14/2008. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of low back pain, graded 8/10, radiating to the left lower extremity. Numbness and tingling to the lateral calf was noted. Aggravating factors include lifting, bending, and stooping. Relieving factors include electrical muscle stimulation unit and home exercise program. Physical examination showed tenderness and guarding over the lumbar paravertebral musculature and left sciatic notch. Range of motion was limited. Straight leg raise test was positive bilaterally. Sensation was decreased in the calf along the L5 and S1 dermatomes. MRI of the lumbar spine from 2008 showed disc disease at both L4-L5 and L5-S1 with compression at the right L4 nerve root and compression at the left L5 nerve root. EMG/NCV of the lower extremities, dated 11/07/2012, showed no evidence of radiculopathy from L3-S1. Official reports of the studies were not provided. Treatment to date has included medications, TENS, and physical therapy. A utilization review, dated 01/03/2014, denied the requests for epidural steroid injection and neurological medical clearance because there was no intervening information to define whether there has been any consistent pattern of neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1 AND POSSIBLY L4-S1, RIGHT:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR EPIDURAL INJECTION.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of back pain accompanied by radicular symptoms despite conservative treatment. Straight leg raise test was positive bilaterally, and hypoesthesia was noted over the calf in an L5-S1 distribution. However, physical examination did not show evidence of neurologic deficits pertaining to the L4-L5 level. Moreover, MRI of the lumbar spine from 2008 did not show significant neural foraminal compromise or neural compression; EMG/NCV of the lower extremities, dated 11/07/2012, showed no evidence of radiculopathy from L3-S1. The criteria for ESI have not been met. Therefore, the request for Lumbar Epidural Steroid Injection L5-S1 and Possibly L4-S1, Right is not medically necessary.

NEUROLOGICAL MEDICAL CLEARANCE TO PROCEED WITH LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, neurologic medical clearance was requested before proceeding with lumbar spine epidural steroid injection. However, the medical records did not reveal uncertainty or complexity of issues requiring neurologic medical clearance. There is no clear rationale for the requested service. Moreover, simultaneous request for lumbar ESI was not certified. Therefore, the request for Neurological Medical Clearance to Proceed with Lumbar Epidural Steroid Injection is not medically necessary.