

Case Number:	CM14-0111542		
Date Assigned:	08/01/2014	Date of Injury:	06/11/2013
Decision Date:	10/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine, 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 patient is 58-year-old male who has submitted a claim for lumbosacral neuritis/radiculopathy associated from an industrial injury date of 06/11/2013. Medical records from 2013 to 2014 were reviewed, the patient complains of continuous neck pain, as well as pain in both arms. The patient had numbness, stabbing, aching pain in his left leg as well. The patient also notes low back pain. Physical examination of the cervical and lumbar spine reveals tenderness to palpation and decreased range of motion. Spasms were noted at the L3-L5 paraspinal muscles. An MRI of the lumbar spine dated 06/17/2013 revealed broad posterior and right foraminal herniation of L2-L3 and L4-L5, with mild narrowing of central canal and neural foramina bilaterally (right more than the left), herniation of 5-6mm respectively. L3 and L4 has a 6mm broad based posterior herniation and 5mm L5 posterior herniation narrowing on bilateral neural foramina. A 4mm posterior and left foraminal herniation (left more than the right) bilateral narrowing of neural foramina was also noted. Mild diffuse bulge at T12-L1 was also seen with generalized facet arthropathy. Treatment to date has included pain medications and epidural steroid injection dated April 2014. Utilization review from 07/03/2014 denied the request for ESI. There is a lack of evidence suggesting prior relief from previous ESI. The physical examination findings were also lacking of documentation consistent with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Repeat blocks 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. In this case, the patient complains of chronic neck and low back pain. There is also associated numbness in his left leg. Physical examination was negative for any signs of radiculopathy. An MRI of the lumbar spine dated 06/17/2013 revealed broad posterior and right foraminal herniation of L2-L3 and L4-L5, with mild narrowing of central canal and neural foramina bilaterally (right more than the left), herniation of 5-6mm respectively. L3 and L4 has a 6mm broad based posterior herniation and 5mm L5 posterior herniation narrowing on bilateral neural foramina. A 4mm posterior and left foraminal herniation (left more than the right) bilateral narrowing of neural foramina was also noted. However, the patient has had 1 prior epidural steroid injection in April 2014 without evidence suggesting prior relief from previous ESI. Guideline criterion for a repeat block was not met. Therefore, the request is not medically necessary.