

Case Number:	CM14-0111824		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2013
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 47 year old male who reported an injury on 04/14/2013. He reportedly noted back pain after working for 15 hours demolishing a roof. The injured worker was noted to have lumbar radiculopathy, low back pain, degenerative disc disease of the lumbar spine, depression/anxiety, and chronic opioid analgesic therapy. He was waiting for authorization for physical therapy, but was using a transcutaneous electrical nerve stimulation unit along with home exercise program to decrease back pain/spasms. Surgical history was not provided. He had an MRI of the lumbar spine done on 06/06/2013 revealed a paramedian disc protrusion to the left at L4-5 and compression of the ventral thecal sac and the L5 nerve root. The 03/13/2014 note showed that the injured worker continued with persistent low back pain that radiated to his lower extremities (left more than right) which felt like pins and needles. He reported his pain level to be 6/10 with medications at the time of the visit and is about 8/10 without medications. The physical findings showed decreased sensory on the left lateral leg L5 distribution and equal 5+ motor strength in the lower extremities. His medications included Anaprox DS 550mg twice daily, Prilosec DR 20mg once daily, Neurontin 600mg 3x daily, Ketoprofen, Tramadol ER 150mg twice daily as needed for pain, Theramine 3x daily, Sentra PM twice daily, and Sentra AM twice daily. The treatment plan was for L4-5 Bilateral Lumbar Epidural Steroid Injection. The request for rationale and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Bilateral Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Based on the information submitted for review, the request for L4-5 Bilateral Lumbar epidural steroid injection was not medically necessary. The injured worker reported having lower back pain after working a 15 hour day demolishing a roof. As stated in the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, and avoiding surgery. Additionally, evidence of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injections are also only considered after conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants, have failed. The injured worker reported low back pain that radiated to his lower extremities and caused numbness to his left great toe. He was pending physical therapy, but was using a transcutaneous electrical nerve stimulation unit along with a home exercise program. The injured worker would be followed by physical therapy after the injection to facilitate progress. He was noted to have decreased sensation the left lateral leg in the L5 distribution. His motor strength was 5+ and equal. His MRI of the lumbar spine indicated he had a disc protrusion with compression of the ventral thecal sac and the L5 nerve root. Furthermore, his physical exam revealed decreased sensation to his left lateral leg and reported numbness that radiated to his great toe, which is consistent with the MRI that showed compression at the L5 nerve root; however, there is insufficient documentation to show failure of conservative treatment. As such, the request for L4-5 bilateral lumbar epidural steroid injections is not medically necessary.