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| Case Number: | CM14-0115910 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 12/28/2009 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Georgia. 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 claimant is a 36 year old female presenting with chronic pain following a work related injury on 12/22/2009. The claimant complained of pain, numbness and weakness in the lower back. She reported aggravation of symptoms at night. The physical exam showed painful range of motion at the lumbar spine, difficulty walking on her toes and heels and was not able to squat, positive straight leg raising was 30 degrees on both sides, trace deep tendon reflexes trace at the knees and 1+ at the ankles, decreased to light touch and pinprick sensation at the right foot. Electrodiagnostic studies was normal. Lumbar MRI on 01/19/2010 showed L4-5 level with annular disc bulge with tearing, facet arthropathy, resulting in moderate left and mild right neural foraminal narrowing, L5-S1, annular disc bulge and facet arthropathy resulting in mild bilateral neural foraminal narrowing. The claimant's medications included Naproxen, Soma, Vicodin and Prilosec. The claimant was diagnosed with herniated disc at L5. A claim was made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI: 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.

Decision rationale: A lumbar epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The electrodiagnostic studies does not corroborate lumbar radiculitis for which the procedure was requested. Additionally, a level for the lumbar epidural steroid injection is not indicated; therefore the requested service is not medically necessary.