

Case Number:	CM14-0116445		
Date Assigned:	08/04/2014	Date of Injury:	05/19/2004
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 injured worker is a 59-year-old female with a reported date of injury on 05/19/2004. The mechanism of injury was noted to be from walking across the street. Her diagnoses were noted to include chronic low back pain with intermittent left lumbar radiculopathy and severe multilevel lumbar degenerative disc disease with moderate to severe central canal stenosis at L4-5, moderate stenosis at L3-4 and severe neural foraminal stenosis in the lower lumbar levels. The provider indicated a lumbar MRI performed 04/25/2013, showed severe disc space and facet joint degeneration from L2-S1. At L4-5 there was moderate to severe stenosis and severe neural foraminal stenosis present bilaterally at the L4-5 and L5-S1. Her previous treatments were noted to include epidural steroid injections, physical therapy and medications. The progress note dated 06/20/2014, revealed the injured worker revealed complaints of low back pain and left leg pain. The physical examination revealed the thoracolumbar range of motion was guarded and the thoracolumbar spine was non-tender. There was a negative straight leg raise testing and a 1/4 patellar and Achilles reflexes. There was a mild loss of sensation involving the dorsum of the left foot. The Request for Authorization form dated 07/10/2014 was for a lumbar epidural steroid injection at L4-5 level to improve pain and mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural L4-5: Upheld

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

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

Decision rationale: The request for a lumbar epidural to the L4-5 is not medically necessary. The injured worker has had previous epidural injection, which provided her with 3 months pain relief. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar should be injected at 1 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 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is lack of documentation showing significant neurological deficits such as decreased strength or sensation in a specific dermatomal distribution. Additionally, the request failed to provide whether the injection would be performed under fluoroscopy. Therefore, the request is not medically necessary.