

Case Number:	CM14-0117776		
Date Assigned:	08/06/2014	Date of Injury:	08/14/2013
Decision Date:	09/12/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/25/2014

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 & Rehabilitation 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 39-year-old male with a reported date of injury of 08/14/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbago, low back pain, lumbar/thoracic radiculitis, and facet arthropathy to the cervical, thoracic, or lumbar region. His previous treatments were noted to include physical therapy and medications. The provider indicated the lumbar MRI of an unknown date showed disc protrusions at L3-4, L4-5, and a broad-based protrusion at L5-S1, slightly prominent on the left side. There was a mass effect on the left greater than right S1 nerve root. The progress note dated 07/22/2014 revealed the injured worker complained of low back pain that radiated into his legs and a sudden onset of leg weakness which caused him to fall at times. The injured worker revealed the pain was worsening and described as aching and constant. The injured worker rated his pain at 8/10 with medications. The physical examination revealed back pain, myalgias, muscle weakness, stiffness, joint complaints, and arthralgias. The physical examination of the spine, ribs, and pelvis noted tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion, decreased extension, and decreased lateral bending. The Request for Authorization form was not submitted within the medical records. The request was for a left lumbar epidural steroid injection at L5-S1 for pain relief as well as help with diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L5-S1: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by a 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. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic studies blocks should be given at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected use transforaminal blocks. No more than 1 intralaminar level 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% of 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 a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is a lack of documentation regarding a failure of extensive conservative care other than physical therapy and medications. Additionally, the request failed to indicate whether fluoroscopy was to be used for guidance. As such, the request is not medically necessary.