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| Case Number: | CM14-0118991 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 03/25/2014 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 injured worker is a 52 year-old female who has submitted a claim for lumbosacral sprain with radicular symptoms, large lumbar disc herniation/extrusion L4-L5, L5-S1 disc herniation with right S1 root displacement, and prior T12 compression fracture; associated with an industrial injury date of 03/25/2014. Medical records from 2014 were reviewed and showed that patient complained of low back pain, graded 7-10/10, accompanied by pins and needles, numbness, and tingling in her left leg and foot; and weakness of her lower back and left leg. Pain is increased by bending, lifting, squatting, twisting, sitting, and reaching. Physical examination showed that patient ambulated with a mild limp. Range of motion of the hip was normal. Straight leg raise and Lasegue tests were positive on the left. DTRs were normal. Motor testing was normal. Sensation was intact. MRI of the lumbar spine (undated) showed moderate diffuse disc bulge with central and left paracentral protrusion, with compression of the L5 nerve root. The official report of the imaging study was not provided for review. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated 07/23/2014; denied the request for epidural steroid injection because there was a lack of significant neurological deficit such as decreased sensation or motor strength in the specific dermatomal or myotomal distribution upon physical examination, and there were no electrodiagnostic studies or MRI report to support the diagnosis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection left L4-5: Upheld

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

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

Decision rationale: The MTUS guidelines state that epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, acupuncture, and physical therapy. MRI of the lumbar spine showed moderate diffuse disc bulge with central and left paracentral protrusion, with compression of the L5 nerve root. However, there were no physical examination findings suggestive of radiculopathy at the requested levels. Moreover, there is no discussion of failure of physical therapy. The criteria for ESI have not been met. Therefore, the request for lumbar epidural injection left L4-5 is not medically necessary.