

Case Number:	CM14-0119993		
Date Assigned:	08/06/2014	Date of Injury:	07/14/1998
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 patient is a 66 year old female who was injured on 07/14/1999. The mechanism of injury is unknown. There are no diagnostic studies available for review. Progress report (PR) dated 07/03/2014 documented the patient to have complaints of worsening chronic low back pain and left lower extremity pain secondary to post laminectomy syndrome, lumbar spine, along with sympathetically mediated pain syndrome. She reported flare-up of severe edema in the left lower leg and foot which had improved. She had associated numbness and weakness in the left leg. On exam, there was tenderness to palpation throughout the lumbosacral region. Straight leg raise was positive in the left leg for radicular pain. Neuro exam revealed decreased sensation over the left L4 and L5 distribution and weakness of left foot plantar flexion and dorsiflexion. She was diagnosed with sympathetically mediated pain syndrome, left lower extremity, left lumbosacral radicular pain and sympathetically mediated pain. A recommendation was made for lumbar epidural steroid injection along L4 and L5 nerve root injection. PR dated 04/24/2014 noted the patient was continuing to do well with regard to lower back pain and radiating leg pain after epidural injection approximately 4-months prior. The 11/21/2013 PR noted the patient had received prior lumbar injections, most recently over 7-months prior to the 11/21/2013 office visit. The 2/27/2013 PR noted the patient was doing fairly well after having received a caudal epidural, along with bilateral L5 nerve root blocks 2-1/2 months prior which reported provided 50% pain reduction. A PR from 11/20/2012 noted the patient had complete pain relief 2-weeks status-post lumbar [caudal?] epidural injections along with bilateral L5 nerve root blocks. Prior utilization review dated 07/22/2014 stated the request for Lumbar ESI (Epidural Steroid Injection) Left L4-L5 was not certified as there was no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection) Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back, Criteria for the use of Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural Steroid Injections

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections "as an option for treatment of radicular pain." Per the MTUS, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Official Disability Guidelines (ODG) recommends epidural steroid injections for "radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis)". The ODG further notes that "Objective findings on examination need to be present" and must be "corroborated by imaging studies and/or electrodiagnostic testing." Current MTUS and ODG recommendations do not support a "series-of-three" injections, recommending no greater than two epidural steroid injections in the initial phase. The medical records document exam findings consistent with radicular pathology including positive straight leg raise test, diminished sensation in a dermatomal distribution and weakness localizing to specific myotomes. Documents also note a 50% or greater response to prior epidural injections. At issue is a lack of either imaging or electrodiagnostic documentation corroborating a diagnosis of radiculopathy. While these studies were likely performed sometime in the past given the patient's history, no documents are provided for my review. Based on the MTUS and ODG guidelines and criteria as well as the lack of necessary clinical documentation stated above, the request of Lumbar ESI (Epidural Steroid Injection) Left L4-L5 is not medically necessary and appropriate.