

Case Number:	CM14-0123736		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 29 year old male who sustained an injury to his low back on 11/08/12 due to heavy lifting. MRI of the lumbar spine dated 02/06/13 was reported; however, this imaging study was not provided for review. Electrodiagnostic studies dated 03/25/13 reportedly did not reveal any evidence of an active lumbar radiculopathy. Progress note dated 06/19/14 reported that the injured worker continued to complain of low back pain. Lumbar spine range of motion limited; tenderness to palpation of the lumbar paravertebral muscles and right sacroiliac joint; muscle spasms of the lumbar paravertebral muscles and right gluteus; Kemp's positive; straight leg raise positive; Yeoman's and Milgram's positive. Treatment to date has included medications and physical therapy; however, there were no physical therapy notes provided for review. The injured worker had been treated with previous epidural steroid injections, but there were no operative reports provided for review

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at the L5 - S1 level under Fluoroscopy, Myelography, and IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for lumbar epidural steroid injection at the L5-S1 level under fluoroscopy, myelography, and IV sedation is not medically necessary. Previous request was denied on the basis that per the documentation submitted, the electrodiagnostic study dated 03/25/13 did not reveal any evidence of an active lumbar radiculopathy. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker had been previously treated with several epidural steroid injections for the lumbar spine; however, there was no documentation of at least 50% pain relief with an associated reduction of medication use for six to eight weeks following each injection. The CAMTUS states that repeat blocks are based on continued objective documented pain and functional improvement including at least 50% pain relief with an associated reduction of medication use for six to eight weeks. Furthermore, no information was submitted indicating the injured worker has a needle phobia or suffers from extreme anxiety that would warrant the use of IV sedation. Given this, the request for lumbar epidural steroid injection at the L5-S1 level under fluoroscopy, myelography, and IV sedation is not indicated as medically necessary.