

Case Number:	CM14-0123911		
Date Assigned:	08/08/2014	Date of Injury:	08/14/1991
Decision Date:	09/22/2014	UR Denial Date:	07/30/2014
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 Physical medicine and Rehabilitation and is licensed to practice in California and Washington. 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 61-year-old with a reported date of injury on May 14, 1991. The mechanism of injury was not documented in the records. The diagnoses included lumbar degenerative joint disease. The past treatment included home exercises, pain medication, anticonvulsants, muscle relaxants, use of a TENS (transcutaneous electrical nerve stimulation) unit, and surgery. An MRI was reportedly performed in December of 2013 and was noted to show evidence of a disc herniation at L4-L5 entrapping the left L5 nerve root. The surgical history includes lumbar laminectomy and discectomy at L4-L5. On July 17, 2014, the subjective complaints were stabbing pain in her back that radiates down the left leg. The physical examination findings included sensory loss to light pinprick in left lateral calf and bottom of her left foot, +1 deep tendon reflexes throughout the bilateral lower extremities, and normal motor strength. The medications included Oxycontin, Oxycodone IR, Neurontin, and Zanaflex. The treatment plan was for an epidural steroid injection to treat her lower back complaints. The request for authorization form was submitted on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that epidural steroid injections may be recommended to treat radicular pain and facilitate progressive in active treatment programs when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also say that documentation show reveal that conservative care with physical therapy, exercise, NSAIDs, and muscle relaxants has been tried and failed. Additionally, injections should be performed using fluoroscopic guidance. The injured worker was noted to have symptoms of low back pain with radiation down her left leg. Her physical examination revealed evidence of radiculopathy with decreased sensation in an L5 distribution. However, she was not noted to have symptoms or neurological deficits in the right lower extremity. It was noted that an MRI revealed disc herniation at L4-L5 entrapping the left L5 nerve root; however, the official MRI report was not provided to verify these findings. The documentation shows that she has been treated with self-directed exercise and muscle relaxants, and that she cannot take NSAIDs due to renal insufficiency. However, there was no documentation showing that she had been unresponsive to an adequate course of physical therapy. There was also no indication that the injured worker would be participating in a therapeutic exercise program after the requested injection. Additionally, the level and laterality of the requested injection was not specified in the request. Furthermore, the request does not indicate whether or not it is being performed under fluoroscopy for guidance. Therefore, despite evidence of radiculopathy in the left lower extremities in an L5 distribution which correlates with the noted MRI findings, in the absence of significant findings in the right lower extremity, the MRI report, evidence that the injured worker was unresponsive to adequate course of physical therapy, and additional details regarding the requested injection, the request is not supported by the evidence based guidelines. As such, the request for epidural steroid injection is not medically necessary or appropriate.