

Case Number:	CM14-0128050		
Date Assigned:	08/15/2014	Date of Injury:	12/21/2011
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57 year old female who reported an injury on 12/21/2011. The mechanism of injury was not indicated. The injured worker was diagnosed with lumbar disc disease with radiculopathy. The injured worker was treated with medications. The injured worker had an unofficial MRI on 02/23/2012, an official MRI of lumbar spine on 05/13/2014 which showed segmental instability with disc protrusion hitting the right L4 nerve root foramen, a herniated disc at L4-5 that had increased from 3mm to 7mm from 02/23/2012 MRI to 05/12/2014 MRI, and an official EMG (electromyography) on 05/16/2014 that was negative. The clinical note dated 07/10/2014 noted the injured worker complained of low back pain that radiated down the right leg. The injured worker's spinal examination showed flexion at 40 degrees, extension 10 at degrees, and pain with extension and rotation. The injured worker had decreased sensation, a positive straight leg raise on the right, and no L4 reflexes. The injured worker's medical records did not include medications. The treatment plan was for Bilateral lumbar epidural injections at L4-5 per report dated 07/01/2014 QTY: 2.00. The rationale for the request was to calm the area down before requiring a foraminal decompression. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural injections at L4-5 per report dated 07/01/2014 QTY:2.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG Treatment; Integrated Treatment/ Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

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

Decision rationale: The request for bilateral lumbar epidural injection at L4-5 per report dated 07/01/2014 quantity 2 is not medically necessary. The injured worker is diagnosed with lumbar disc disease with radiculopathy. The injured worker complains of low back pain that radiates down right leg. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of the injured worker being initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. The injured worker had an official MRI of lumbar spine on 05/13/2014 which showed segmental instability with disc protrusion hitting the right L4 nerve root foramen, a herniated disc at L4-5 that had increased from 3mm to 7mm from 02/23/2012 MRI to 05/12/2014 MRI, and an official EMG on 05/16/2014 that was negative. The injured worker's spinal examination showed decreased sensation of unknown location and no L4 reflexes. The injured worker's medical records lack documentation of failure of recent conservative care. The submitted request does not indicate the injection is to be performed under fluoroscopic guidance. As such, the request for bilateral lumbar epidural injection at L4-5 per report dated 07/01/2014 quantity 2 is not medically necessary.