

Case Number:	CM14-0129567		
Date Assigned:	08/20/2014	Date of Injury:	04/03/2013
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 44-year-old male who reported an injury on 04/03/2013. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar ligament and muscle strain and spasm, right L4-5 radiculopathy of the lumbar spine. Previous treatments included physical therapy, medication and acupuncture, and epidural steroid injections. Within the clinical note dated 05/21/2014 it was reported the injured worker complained of sharp pain into the lumbar spine. He rated his pain 7/10 in severity. The injured worker complained of forward bending worsened his pain. Upon the physical examination the provider noted the injured worker had tenderness to palpation over the lumbar paraspinals. The range of motion was limited by pain. The provider noted the forward flexion was noted to be 20 degrees, and extension at 20 degrees. The injured worker had a positive straight leg raise on the right. The provider noted spasms and tenderness to palpation of the T1 through T12 bilaterally. The range of motion of the thoracic spine was normal. The provider noted the injured worker had diminished sensation in the L4-5 pattern on the right. The deep tendon reflexes were noted to be 2+ bilaterally. The provider requested for an epidural steroid injection. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional epidural injection at bilateral L4-L5 level of the lumbar spine, quantity one:
Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment including exercise, physical methods, and NSAIDs. The injured worker previously underwent an epidural steroid injection; however, there is lack of documentation indicating the injured worker had objective functional improvement, including at least 50% of pain relief associated with the reduction of medication use for 6 to 8 weeks. Additionally, there is lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.