

Case Number:	CM14-0134013		
Date Assigned:	08/25/2014	Date of Injury:	04/03/2013
Decision Date:	12/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 25-year-old male who reported an injury on 04/03/2013. The mechanism of injury was lifting. His diagnoses included cervical spine sprain/strain, lumbar spine 5 mm disc bulge with neural foraminal stenosis, lateral recess stenosis to the L5-S1, and L2-3 radiculopathy. His past treatments include medications, physical therapy, chiropractic sessions, and acupuncture. His most recent relevant diagnostic studies included an MRI on 04/10/2013 which revealed a 5mm disc protrusion at the L5-S1 level that appeared to be larger when compared to the prior study. There was also a bilateral lower extremity electrodiagnostic evaluation on 03/25/2014 that revealed no definite electrical evidence for lumbar radiculopathy. The progress note dated 04/17/2014 reported the injured worker complained of low back pain and weakness that radiated to the right lower extremity. It was noted that the injured worker had undergone a neurological consultation where epidural blocks or other injections were recommended. Physical examination revealed the injured worker walked with an antalgic gait using a cane. Lumbar spine examination revealed tenderness to palpation to the midline and lumbosacral L5-S1 region. The injured worker was reportedly unable to heel walk or toe walk bilaterally. Straight leg raise testing was positive and there was bilateral hamstring tightness. There was decreased sensation to the lateral right leg and decreased motor strength to the L4, L5, and S1 dermatomes bilaterally. The documentation indicated the injured worker stated he was not taking any medications at that time. The treatment plan included a recommendation for short courses of physical therapy, chiropractic care, and/or acupuncture, a recommendation for cortisone injections, a referral to a pain management specialist, and a surgical recommendation. The request was for lumbar epidural steroid injections to the right L5-S1. The rationale for the request and the Request for Authorization form were not submitted 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 (ESI) right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 (ESI) right L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy (live x-ray) for guidance. Also, the injured worker has to be initially unresponsive to conservative treatment (exercises, physical methods, and non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). The clinical progress note dated 04/17/2014 indicated the injured worker had experienced decreased motor strength to the L4, L5, and S1 dermatomes bilaterally and decreased sensation to the lateral right leg, with pain and weakness in the lower back that radiated to the right lower extremity. An MRI performed on 04/10/2013 revealed a 5mm disc protrusion at the L5-S1 level. While the neurological deficits found during physical examination correlated with the MRI pathology, the electrodiagnostic evaluation of the lumbar spine and/or extremities dated 03/25/2014 revealed no definite electrical evidence for lumbar radiculopathy. It was noted that the injured worker failed a previous attempt with conservative treatment. However, there is a lack of recent documentation to demonstrate trial and failure of conservative treatments or a plan that includes a home exercise program to be used in conjunction with the injections. Also, the request did not specify whether fluoroscopy (live x-ray) would be used to perform the injection per guideline criteria. As such, the request for lumbar epidural steroid injections (ESI) right L5-S1 is not medically necessary.