

Case Number:	CM14-0134091		
Date Assigned:	08/27/2014	Date of Injury:	02/04/2014
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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 51-year-old male who reported an injury while pushing a large cart of laundry on 02/04/2014. The clinical note dated 07/25/2014 indicates diagnoses of lumbar disc injuries at L4-5 greater than L5-S1 with back pain and lumbar radiculopathy. On physical examination, there was discomfort on palpation of the right paraspinal musculature as well as the left, but more-so on the right at L4-5 and L5-S1. The injured worker's lumbar flexion was about 20 degrees, extension was 10 degrees, and lateral bending was 10 degrees bilaterally. All maneuvers were associated with lower back pain. The injured worker's facet stress maneuvers were nonspecific, but the injured worker reported pain that increased in the right lumbosacral area with extension and lateral bending of the lumbar spine toward the right. The injured worker also had pain with rotation on the left. The injured worker's straight leg raise on the right at 40 degrees and caused increased back pain that radiated to the posterior aspect of the right thigh. On the left at 40 degrees, the injured worker reported increased lower back pain. The injured worker's reflexes are 1 in the bilateral biceps, 2 bilateral patellas, and 1 bilateral ankle jerks with downgoing Babinski's bilaterally. The injured worker's sensation to light touch was decreased in the medial aspect of the proximal right calf. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen included ibuprofen and Flexeril. The provider submitted a request for left lumbar epidural steroid injection at L4-L5 with corticosteroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L4-L5 with corticosteroid: 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, Page(s): 46.

Decision rationale: The MTUS Chronic Pain 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. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. No more than 2 ESI injections are recommended. The documentation submitted indicated the injured worker has discomfort on palpation of the right paraspinal musculature, as well as the left, but more so on the right at L4-L5. In addition, the injured worker reported increased pain in the right lumbosacral area with extension and lateral bending of the lumbar spine toward the right. Sensation to light touch was decreased on the medial aspect of the proximal right calf. The examination findings do not support the left side of the injured worker. In addition, it was indicated the injured worker was in physical therapy and the injured worker reported new discomfort, but feeling slightly better. There is no evidence in the documentation provided of exhaustion of conservative therapy, such as NSAIDs or physical therapy. Moreover, the request does not indicate fluoroscopy for guidance. Therefore, the request for Left lumbar epidural steroid injection at L4-L5 with corticosteroid is not medically necessary.