

Case Number:	CM14-0139010		
Date Assigned:	09/29/2014	Date of Injury:	09/16/2013
Decision Date:	10/27/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 52-year-old male with a 9/16/13 date of injury. The mechanism of injury occurred when he slipped on cow manure and injured his lower back. According to a progress report dated 7/15/14, the patient stated that during the time he was taking Decadron, he had fairly good improvement in his pain. However, within a couple of days he was back to his baseline. He continued to complain of low back pain radiating to the bottom of the left foot and over the top of the left foot into the left big toe as well. Physical therapy and acupuncture have not benefitted him. An MRI of the lumbar spine dated 10/15/13 shows evidence of significant narrowing of the disc space of L4-5 with foraminal stenosis. The provider has requested a lumbar epidural steroid injection directly on L5 or S1, but initially at S1 because this is the more symptomatic nerve root. Objective findings: patient does not want to sit due to left radiculopathy; the remainder of the exam is unchanged. Diagnostic impression: lumbar degenerative disc disease with left L5 and S1 radiculopathy, normal EMG/NCS. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 8/8/14 denied the request for lumbar epidural steroid injection at L5 or S1. In this case, the patient has loss of sensation at L5 and S1 on the left, and the treating physician reports that the patient responded well to oral steroids in the past and felt that he may indicate a positive response to an ESI. However, imaging studies do not corroborate radiculopathy, and the EMG/NCV was noted to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L5 or S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46.

Decision rationale: The MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in this case, there is no documentation of objective evidence of radiculopathy. There is reference to an MRI of the lumbar spine dated 10/15/13 showing evidence of significant narrowing of the disc space of L4-5 with foraminal stenosis, however, this report was not provided for review. Therefore, the request for Lumbar epidural injection at L5 or S1 was not medically necessary.