

Case Number:	CM14-0139230		
Date Assigned:	09/05/2014	Date of Injury:	12/04/2006
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 45 year old male with a reported date of injury on 12/04/2014. The mechanism of injury occurred while lifting a heavy object. The diagnoses included lumbar radiculopathy. The past treatments included physical therapy, chiropractic therapy, and lumbar epidural injections. The official MRI of the lumbar spine performed on 06/19/2014 revealed moderately severe left neural foraminal stenosis at L4-L5, mild right neural foraminal stenosis at L5-S1 level, and left far lateral protrusion at L2-L3 level that does not compromise nerve root. There was no surgical history documented in the notes. The subjective complaints on 06/23/2014 included low back pain with bilateral buttock and radicular symptoms into both posterior thighs. The physical examination findings noted positive bilateral straight leg raise, decreased lumbar range of motion by 50%, and spasms in the right iliolumbar area. The neurological, motor, reflexes and sensory were noted to be intact. The medications were not provided for review. The treatment plan was for two epidural steroid injections. The rationale was based on the injured worker's verifiable radicular symptoms and MRI findings. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injections x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural Steroid Inject.

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

Decision rationale: The request for Lumbar Epidural Injections x 2 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended to facilitate progress in active treatment programs when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the injured worker needs to have been initially unresponsive to appropriate conservative care. Repeat injections are based on documented objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker has chronic low back pain and has received lumbar epidural injections in the past. The physical examination noted intact neurologic, motor, and sensory exams. The MRI revealed moderately severe left neural foraminal stenosis at L4-L5, mild right neural foraminal stenosis at L5-S1 level, and left far lateral protrusion at L2-L3 level that does not compromise nerve root. There is not adequate documentation indicating whether the injured worker had tried or failed a recent trial of conservative care. There is a lack of physical examination findings to support a diagnosis of radiculopathy. There is also a lack of documentation regarding the previous injections to verify the levels injected and if a positive response occurred, including at least 50% pain relief, objective functional improvement, and reduced medication use. Additionally, the request does not indicate which levels are to be injected. As such, the request is not medically necessary.