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| Case Number: | CM14-0155414 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/18/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Pain Medicine and is licensed to practice in Minnesota. 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 31-year-old male who reported an injury on 12/18/2013. The mechanism of injury occurred when he was loading rebar onto a truck. Diagnoses included lumbosacral neuritis/radiculitis and myofascial pain syndrome. Past treatments included a home exercise program and medications. Diagnostic testing included an MRI of the lumbar spine on 03/19/2014 which revealed degenerative changes with central disc protrusion at L4-5 and mild dural compression. Official electrodiagnostic testing of the bilateral lower extremities on 06/18/2014 revealed normal nerve conduction velocity (NCV) and electromyography (EMG) results. Surgical history included bilateral foot surgeries. The physical exam dated 08/20/2014 indicated the injured worker complained of low back pain radiating to the left lower extremity through the foot rated 7/10. He stated the pain was relieved with rest and medications. Physical exam revealed positive left straight leg raise, lower extremity motor strength rated 5/5, bilateral patella and ankle reflexes equal and symmetrical, and reduced sensation in the left foot. Current medications included Lyrica 100 mg, Celebrex 200 mg, and Nucynta. The treatment plan included outpatient L4-5 interlaminar epidural steroid injection times 2. The rationale for the treatment plan was to decrease radicular pain. 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:

Outpatient L4/5 interlaminar ESI times 2: Upheld

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

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

Decision rationale: The request for outpatient L4-5 interlaminar epidural steroid injection times 2 is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for the use of these injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). 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 6 to 8 weeks. The injured worker complained of low back pain radiating to the left lower extremity. The physical exam revealed positive left straight leg raise, lower extremity strength rated 5/5, patella and ankle reflexes equal and symmetrical, and reduced sensation in the left foot. An official MRI of the lumbar spine on 03/19/2014 revealed degenerative changes with central disc protrusion at L4-5 with mild neurocompression. Official electrodiagnostic studies on 06/28/2014 revealed normal NCV and EMG results for the bilateral lower extremities. There is a lack of physical exam findings of radiculopathy, including decreased motor strength and deep tendon reflexes. Decreased sensation in the left foot could be attributed to previous left foot surgery for sesamoid removal. The official lumbar MRI and electrodiagnostic testing do not corroborate findings of radiculopathy at the L4-5 level. Additionally, a second injection would not be recommended without documentation of pain and functional improvement. Therefore, the request for outpatient L4-5 interlaminar epidural steroid injection times 2 is not medically necessary.