

Case Number:	CM14-0156501		
Date Assigned:	09/25/2014	Date of Injury:	03/03/2001
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas and Oklahoma. 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 55-year-old female with a reported date of injury of 03/03/2001. The mechanism of injury was not listed in the records. The diagnoses included lumbar facet syndrome, lumbar radiculopathy, and mood disorder. The past treatments included pain medication, physical therapy, and a TENS unit. A CT of the lumbar spine without contrast was performed on 06/11/2014 and it revealed a solid L5-S1 interbody fusion and moderate spinal canal and left neural foraminal stenosis at L4 to L5. The surgical history included a lumbar fusion at L5-S1. The subjective complaints on 02/13/2014 included low back pain that radiated to the bilateral legs and the pain was rated 6/10. The physical examination findings noted the range of motion to the lumbar spine was restricted with flexion at 55 degrees limited by pain, extension was limited to 0 degrees by pain right lateral bending was limited to 10 degrees by pain, left lateral bending was limited to 15 degrees by pain, lateral rotation to the left and right were 35 degrees limited by pain as well. On palpation, the paravertebral muscles were tender and tight bilaterally. The lumbar facet loading test was negative on both sides and the straight leg raise was negative bilaterally as well. The medications included Phenergan 25 mg, Duragesic 12 mcg, Duragesic 25 mcg, Neurontin 300 mg, Wellbutrin SR 150 mg, trazodone 100 mg, and Wellbutrin XL 300 mg. The treatment plan was to perform an epidural steroid injection. A request was received for a lumbar epidural steroid injection at L5-S1. The rationale for the request was to relieve pain. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer a short term pain relief and should be used in conjunction with other rehab efforts, including continuing a home exercise program. The criteria for use for epidural steroid injections are as follows: radicular pain must be documented a physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants); and injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker has chronic low back pain. The clinical notes did not adequately show radiculopathy in a specific dermatomal region and radiculopathy was not corroborated with diagnostic imaging. Additionally, the request as submitted was not submitted under fluoroscopic guidance. In the absence of clear radiculopathy in a specific dermatomal region that is corroborated by diagnostic imaging and the request not being under fluoroscopic guidance, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.