

Case Number:	CM14-0156619		
Date Assigned:	10/09/2014	Date of Injury:	04/28/2010
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Ohio. 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 50-year-old male who reported an injury on 04/28/2010 while he was lifting a saw machine with a friend; he felt a strong pain in his lower back. The injured worker complained of left shoulder and lumbar pain. The unofficial MRI of the lumbar spine was positive for disc herniation at the L3-4, the L4-5, and the L5-S1, and grade 1 retrolisthesis of L5-S1. Medications included Zanaflex 4 mg, Ambien 10 mg, Tylenol #4, and Terocin patch. The objective findings dated 07/29/2014 of the lumbar spine revealed a flexion of 50 degrees and extension of 20 degrees. The straight leg raise was noted at 75 degrees bilaterally, a positive Lasegue's test bilaterally, deep tendon reflexes were 1+ at the knee and absent at the ankles, there was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5-S1 dermatome level bilaterally, there is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally, facet joint tenderness at the L3-5 bilaterally. Past treatments included injection, physical therapy, and medication. The diagnoses included a lumbar sprain/strain, disc protrusion at the L3-4, and L5-S1, lumbar radiculopathy, and left shoulder pain. Surgeries included an anterior discectomy, arthrodesis with internal rotation at the C3-4 with removal of hardware, and pedicles secondary to a work related injury. The treatment plan included epidural steroid injection, Tylenol #4, Ambien 10 mg, Zanaflex 4 mg, and Terocin patches. The Request for Authorization dated 09/26/2014 was submitted with documentation. No rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI) at The L4-5 Level: 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 Epidural Steroid Injection (ESI) at The L4-5 Level is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The documentation did not have the MRI or physical therapy notes for review. The documentation was not evident that the injured worker had failed conservative therapy. Additionally, the request did not indicate whether fluoroscopic guidance was to be used. As recommended as such, the request is not medically necessary.