

Case Number:	CM14-0162460		
Date Assigned:	10/17/2014	Date of Injury:	07/30/2014
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 and 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:

This is a male patient with a date of injury of July 30, 2014. A utilization review determination dated September 24, 2014 recommends non-certification of two lumbar epidural steroid injections on right L 4-5 level. A progress note dated September 19, 2014 identifies subjective complaints that on the day of his injury the patient felt a sudden pop in his lower back with shooting pain from the low back down the right leg to the foot. The next day, the patient was still experiencing pain and it worsened. The patient has tried anti-inflammatory medication and physical therapy. Over the ensuing weeks the physical therapy made his pain worse and the medication has not been working. In addition to the pain, the patient now also has numbness and tingling sensation in his right leg. He also has weakness in the right leg. Current medications include naproxen 500 mg twice a day, cyclobenzaprine 10 mg twice a day, and hydrocodone-acetaminophen 10-325 mg four times a day as needed. Physical examination identifies deep tendon reflexes bilaterally are patellar 0, and right lower extremity strength is 3/5; there is diminished sensation at right L5 and S1 dermatomes, flexion of the back is 30, extension of the back is 0, and straight leg raise test is positive on the right side. Diagnoses include lumbar degenerative disc disease, and lumbar bulging disc. The treatment plan recommends a lumbar epidural steroid injection if after review of the lumbar MRI confirms of degenerative disease or some kind of nerve root compression signed. Prescriptions were written for naproxen 500 mg #60, cyclobenzaprine 10 mg #60, and hydrocodone-acetaminophen 10-325 mg #120. A urine drug screen was also performed. An MRI of the lumbar spine done on September 9, 2014 identifies mild posterior disc bulge and marginal spondylosis with slight asymmetry towards the left with a mild encroachment of the central canal and left lateral recess at L3-4, mild diffuse disc bulge and posterior marginal spondylosis of L5-S1, and chronic Schmorl's nodes anterior superior L2 and L4 endplates.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2) lumbar epidural steroid injections on right L4-5 level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: Regarding the request for 2 lumbar epidural steroid injections on right L4-5 level, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected during one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at the L4-5 level. As such, the currently requested 2 lumbar epidural steroid injections on right L4-5 level are not medically necessary.