

Case Number:	CM14-0164248		
Date Assigned:	10/09/2014	Date of Injury:	01/29/2012
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 30-year-old female with a 1/29/12 date of injury, when she slipped, fell and sustained injuries to the lower back and wrists. The patient was seen on 9/9/14 with complaints of lower back pain radiating into the left lower extremity. Exam findings of the lumbar spine revealed decreased range of motion with spasm and tenderness to palpation and intact sensation. The straight leg-raising test was positive on the left, motor strength was 5/5 throughout and DTRs were 2+ and equal. The progress notes indicated that the patient underwent left L4-L5 and L5-S1 epidural steroid injections on 9/19/14. The diagnosis is lumbosacral radiculopathy and bilateral wrist pain. Treatment to date: work restrictions, left LESI and medications. An adverse determination was received on 9/24/14 for a lack of documentation indicating radiculopathy on a physical examination and corroboration by imaging or electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left LESI (Lumbar Epidural Steroid Injection) at L4-L5, L5-S1: Upheld

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

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However there is a lack of documentation indicating objective signs of radiculopathy on a physical examination. In addition, there is a lack of imaging studies documenting correlating concordant nerve root pathology and there is no notes indicating that the patient tried and failed conservative treatment. Lastly, the notes indicated that the patient underwent left L4-L5 and L5-S1 epidural steroid injections on 9/19/14, however there is a lack of documentation with regards to the percentage and length of the patient's pain relief. Therefore, the request for Left LESI (Lumbar Epidural Steroid Injection) at L4-L5, L5-S1 is not medically necessary.