

Case Number:	CM14-0164411		
Date Assigned:	10/20/2014	Date of Injury:	08/25/2010
Decision Date:	11/20/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

The injured worker is a 54-year-old male who reported an injury on 08/25/2010. The injured worker while he was working for [REDACTED] he sustained specific injuries to his lumbar spine, left knee, left ankle, after slipping and falling out of his truck. Prior treatment history included EMG/NCV studies, MRI studies, lumbar epidural steroid injection, muscle relaxants and narcotic analgesics. Within the documentation submitted, an unofficial undated MRI report of the lumbar spine revealed evidence most significant of L4-5 2 mm broad based bulge with left foraminal narrowing. On 03/27/2014, the injured worker had undergone an EMG/NCV study that revealed evidence of a left L5 radiculopathy. There is no electrodiagnostic evidence of a left lower extremity plexopathy or mononeuropathy. Within the documentation submitted, the provider noted the injured worker stated he has had a couple of epidural steroid injections with only mild to moderate relief. The injured worker was evaluated on 10/27/2014 and it was documented that the injured worker was present for status post lumbar epidural injection that he received on 10/15/2014 which improved his back pain by 50%. The injured worker complained of lower back pain and left lower extremity pain. The injured worker rated his pain as 4/10 on the pain scale. The pain was characterized as aching, shooting, and throbbing. It radiated to the left thigh, left knee, right knee, and left leg. He stated that medications were helping. He tolerated the medications well. The injured worker showed no evidence of developing medication dependency. Physical examination of the lumbar spine revealed range of motion was restricted with flexion limited 20 degrees, limited by pain, and extension limited to 5 degrees limited by pain. Straight leg raising test was positive on the right side at 90 degrees and in sitting position. The request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review indicated the injured worker having confirmed evidence of with an electrodiagnostic evidence supporting L5 radiculopathy and MRI evidence of foraminal narrowing due to a disc bulge at the L4-L5 level. However, it was documented the injured worker has had several epidural injections and it was noted the injured worker stated that provided him with only mild to moderate relief. Moreover, there is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request for lumbar epidural steroid injection (LESI) L5-S1 is not medically necessary.