

Case Number:	CM14-0168967		
Date Assigned:	10/17/2014	Date of Injury:	01/10/2013
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 Georgia. 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 claimant is a 47 years old presenting with chronic pain following a work related injury on 01/10/2013. On 08/19/2014, the claimant reported lower back pain that radiates to the left leg into the foot causing numbness. The pain level is 8/10 with medications. The physical exam showed tenderness in the midline and throughout lower lumbar spine, lumbar range of motion caused increased pain and was limited, decreased sensation in the left L4-5, straight leg raise was positive on the left low back in seated position and positive in the supine position at 90 degrees bilaterally and causing left sided back pain. Lumbar MRI on 05/16/2014 showed L4-5 loss of disc height and disc desiccation, bilateral facet hypertrophy and moderate central canal stenosis secondary to 6 mm broad based posterior disc protrusion that causes moderate bilateral neural foraminal narrowing and nerve root encroachment at L5 radiculopathy. The claimant has failed 23 chiropractor sessions as well as home exercise program. The claimant's medications included Ibuprofen, Aleve and Aspirin. The claimant was diagnosed with displacement of lumbar intervertebral disc without myelopathy a request was made for L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection L4-L5: Overturned

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 Injection Page(s): 47.

Decision rationale: The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI results do corroborate lumbar radiculitis including nerve root encroachment at the left of L5 and straight leg raise. Therefore, the Lumbar Steroid Injection L4-L5 is medically necessary and appropriate