

Case Number:	CM14-0172742		
Date Assigned:	10/23/2014	Date of Injury:	03/01/2001
Decision Date:	12/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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:

The patient is a 48-year-old male who has submitted a claim for lumbago and post laminectomy syndrome of lumbar region associated with an industrial injury date of 3/1/2001. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity, rated 8/10 in severity. Physical examination of the lumbar spine showed tenderness and limited motion. Motor strength of bilateral lower extremities was unremarkable. Treatment to date has included lumbar surgery, physical therapy, and medications. The utilization review from 9/30/2014 denied the request for right-sided lumbar epidural injection at L5-S1 because of equivocal findings of radiculopathy at L5-S1 and there was no imaging available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided lumbar epidural injection at L5-S1: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that

has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of low back pain radiating to the right lower extremity, rated 8/10 in severity. Physical examination of the lumbar spine showed tenderness and limited motion. Motor strength of bilateral lower extremities was unremarkable. Symptoms persisted despite lumbar surgery, physical therapy, and medications. However, there was no objective finding that correlated presence of focal neurologic deficit. Moreover, there was no imaging to corroborate presence of radiculopathy. The medical necessity cannot be established due to insufficient information. Therefore, the request for right-sided lumbar epidural injection at L5-S1 is not medically necessary.