

Case Number:	CM14-0173328		
Date Assigned:	10/24/2014	Date of Injury:	05/02/2011
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
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 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 patient is a 56 year old male presenting with injury on 05/02/2014. The patient complained of low back pain going down his left leg to the ankle. The pain was associated with weakness and numbness. The physical exam showed discomfort and pain radiating into the left hip and extending down the buttock and down the leg but not below the knee. MRI of the lumbar spine showed L2-3 large disc extrusion causing severe right-sided nerve root compression, L3-4 small central protrusion and annular bulge with some central canal stenosis, L4-5 annular bulging, moderate facet arthritis and severe ligamentum thickening, L5-S1 severe discogenic disease with disc osteophyte bulging and mild facet arthritis. The patient was diagnosed with displacement of the intervertebral disc, and lumbar sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural under fluoroscopy: Overturned

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 Injection Page(s): 47.

Decision rationale: Lumbar epidural under fluoroscopy is medically necessary. 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 was documented as pain radiating from the back to the buttock and down the leg but not past the knee. This finding is consistent with the large extruded disc on the MRI at L2-3. The physical exam and MRI are consistent with lumbar radiculitis; therefore, the requested service is medically necessary.