

Case Number:	CM14-0179641		
Date Assigned:	11/04/2014	Date of Injury:	03/22/1996
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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 & 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 73-year-old male who reported an injury on 03/22/1996 due to an unknown mechanism. Diagnoses were degenerative joint disease, bilateral knees, spondylolisthesis, degenerative disc disease, lumbar spine, radiculopathy, bilateral lower extremities, foot pain, bilateral, degenerative joint disease, bilateral shoulders, calcific Achilles tendinitis, left heel, carpal tunnel syndrome and rotator cuff tear, left shoulder. The injured worker had an MRI of the lumbar spine on 10/09/2014 that revealed degenerative changes of the lumbar spine, secondary to multilevel disc bulges, facet and ligamentum flavum hypertrophy. The most severe level was at L5-S1 secondary to spondylolisthesis bilaterally and spondylolisthesis. Physical examination on 09/30/2014 revealed complaints of sciatic nerve. It was reported that chiropractic sessions were helping but need authorization for more sessions. Examination revealed a positive straight leg raise with increased left foot pain. There was a decrease in the left Achilles reflexes. Treatment plan was for an MRI of the lumbar spine and a lumbar epidural injection at the L4-5. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural injection on L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The decision for one lumbar epidural injection on L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injection 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 an epidural steroid injection 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 clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was 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. There are no neurological deficits with strength, sensation, of radiculopathy in a specific dermatomal/myotomal distribution. Therefore, this request is not medically necessary.