

Case Number:	CM14-0179974		
Date Assigned:	11/04/2014	Date of Injury:	03/10/2013
Decision Date:	12/10/2014	UR Denial Date:	10/22/2014
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 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:

This is a 71-year-old male with a 3/10/13 date of injury. The mechanism of injury occurred as a result of heavy lifting in the gardening department. According to a progress report dated 10/6/14, the patient complained of right sided low back pain that radiated down the leg with ambulation. He has not resumed aquatic physical therapy and the treating physician notes he needs it to be authorized again. Gabapentin has been helping with some of the numbness, and he stated that Vicoprofen helped reduce the low back pain by about 50%. Objective findings include midline and right of midline pain at L4 and L5/S1, worse with flexion, reduced sensation in right leg, and strength in bilateral lower extremities 5/5 throughout. An MRI of the lumbar spine dated 6/6/14 revealed multilevel degenerative changes at the L4-L5 and L5-S1 levels with suggestion of mild neural foraminal narrowing at these two levels. Diagnostic impression revealed lumbar sprain and lumbar spondylosis. Treatments to date are medication management, activity modification, aqua therapy, and physical therapy. A UR decision dated 10/22/14 denied the request for outpatient right L4-L5 and L5-S1 transforaminal ESI. There are no examination findings, no dermatomal pain pattern or decreased sensation, and no diagnostic findings indicating a possible radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right L4-5 and L5-S1 transforaminal epidural injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, it is documented that the patient has reduced sensation in the right leg; however, the specific nerve distribution was not noted. In addition, the strength in the bilateral lower extremities was noted to be 5/5 throughout. Furthermore, there is no documentation of failure of conservative management. In fact, the patient reported improvement with gabapentin and has requested authorization for additional aquatic therapy. Therefore, this request is not medically necessary.