

Case Number:	CM14-0182145		
Date Assigned:	11/07/2014	Date of Injury:	02/10/2005
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physicians Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 49 year old female with an injury date of 02/10/05. Based on the progress report dated 09/16/14 provided by [REDACTED], the patient complains of low back, neck and right leg pain. "She has greatly flared up pain, lumbar and sciatica, also cervical pain." Physical examination of the spine and the extremities reveals decreased muscle strength in greater toe extensor muscle bilateral and plantar flexor muscles bilateral. The patient received a cervical epidural injection on the right side on 07/24/14, which helped improve the pain on the right side by 80%. Patient's list of medications include Lidoderm patch, Maxalt, Zofran, Docusate, Aciphex, Ambien, Omeprazole, Cyclobenzaprine, Lioresal, and Percocet, as per progress report dated 09/16/14. The report states that the patient is getting only 20% pain relief from the medications and they are causing significant side effects. The treater also had to increase the dosage of opioids to manage the current pain. Diagnosis, 09/16/14- Sprains and Strains of Lumbar Region.- Sprains and Strains of Neck.- Cervical Disc Degeneration.- Cervicalgia.- Encounter for Long-Term Use of Other Medications. [REDACTED] is requesting for bilateral lumbar epidural steroid injection (ESI) AT L5-S1. The utilization review determination being challenged is dated 10/01/14. The rationale was "no clear and objective evidence of radiculopathy has been confirmed by physical examination," and no MRI or electrodiagnostic studies are referenced." Treatment reports were provided from 04/23/13 - 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection (ESI) at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back, right leg and neck pain along with decreased muscle strength in greater toe extensor muscle bilateral and plantar flexor muscles bilateral, as per progress report dated 09/16/14. The request is for Bilateral Lumbar Epidural Steroid Injection (ESI) AT L5-S1. The patient's diagnoses from progress report dated 09/16/14 are sprains and strains of lumbar region, sprains and strains of neck, cervical disc degeneration, and cervicalgia. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: page(s) 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treater seeks bilateral lumbar epidural steroid injection at L5-S1 to "address the radicular component of their pain." Progress report dated 09/16/14 documents that conservative therapies have failed and the pain has worsened. The patient has received Cervical Epidural Steroid Injection on the right side in the past with significant benefits. She has never received a Lumbar Epidural Steroid Injection. However, the treater does not provide any imaging studies and/ electrodiagnostic testing reports required by MTUS for determination of whether or not radiculopathy is present. The request is not medically necessary.