

Case Number:	CM14-0020671		
Date Assigned:	05/02/2014	Date of Injury:	03/03/2010
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male with an injury reported on 03/03/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/15/2014, reported that the injured worker complained of pain in the lower back with radicular symptoms into the bilateral legs. The physical examination findings reported the range of motion to lumbar spine demonstrated flexion to 50 degrees, extension to 20 degrees, lateral bending on the right and left to 20 degrees. The injured worker's diagnoses included herniated lumbar disk with radiculitis; and status-post right inguinal hernia repair in 1998. The request for authorization was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBER EPIDURAL STEROID INJECTION AT L3-L4, L4-L5 AND L5-S1:
Upheld

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

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

Decision rationale: The injured worker complained of pain in the lower back with radicular symptoms into bilateral legs. It was noted the injured worker's range of motion to his lumbar spine demonstrated flexion to 50 degrees, extension to 20 degrees, lateral bending on the right and left to 20 degrees. The Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). A second block is not recommended if there is inadequate response to the first block. No more than two (2) nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one (1) session. It is noted that the injured worker has been radicular pain symptoms and a diagnosis of herniated lumbar disk with radiculitis. There is a lack of physical examination findings of radiculopathy and a lack of imaging to corroborate findings of radiculopathy. There is a lack of clinical evidence of the injured worker being unresponsive to exercises and physical therapy. There is also a lack of clinical information provided on the injured worker's prescribed medication regimen as well as the efficacy of the medications. Moreover, there was a lack of documentation indicating the injured worker had significant physical exam findings of radiculopathy on the most recent note. Therefore the request is not medically necessary.