

Case Number:	CM14-0021773		
Date Assigned:	05/05/2014	Date of Injury:	02/05/2008
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 54-year-old who reported an injury on February 5, 2008 secondary to an unknown mechanism of injury. His diagnoses include lumbar radiculopathy, lumbar sprain/strain, lumbago, and rule out lumbar disc protrusion. The medical records submitted for review indicate that he has been treated previously with physical therapy, medication, acupuncture, and activity modification. An MRI of the lumbar spine performed on August 18, 2012 was noted to reveal disc desiccation from L3-4 through L5-S1 with mild loss of disc height. The injured worker was evaluated on December 4, 2013 and reported low back pain and right ankle pain of unknown severity. On physical examination, the injured worker was noted to have a positive straight leg raise bilaterally according to the legible documentation submitted for review. The injured worker was recommended for continued medications, electrodiagnostic testing in the lower extremities, and an epidural steroid injection of the lumbar spine at L4-5 on the left. An EMG (electromyography)/NCV (nerve conduction velocity) test was performed on December 17, 2013 and was noted to reveal normal findings of the lower extremities without evidence of acute or chronic denervation potential or peripheral nerve entrapment. A Request for Authorization was submitted on February 4, 2013 for an epidural injection of the lumbar spine at L4-5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION OF THE LUMBAR SPINE AT L4-5 ON THE LEFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

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

Decision rationale: At the most recent clinical visit, the injured worker reported low back pain and right ankle pain of unknown severity. On physical examination, he was noted to have a positive straight leg raise bilaterally. The Chronic Pain Medical Treatment Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. These guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent clinical evaluation fails to document evidence to indicate subjective reports of radiating or radicular pain. There were no legibly documented objective findings of weakness, diminished deep tendon reflexes, or decreased sensation in a dermatomal distribution. Therefore, the medical records submitted for review fail to document physical exam findings of radiculopathy. Additionally, electrodiagnostic studies were noted to be normal, and an MRI of the lumbar spine failed to indicate evidence of neural foraminal narrowing. Therefore, the diagnosis of radiculopathy has not been corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the guidelines state that the purpose of an epidural steroid injection is to restore range of motion in order to facilitate progress in an active treatment program. Although it was noted that the injured worker participated in physical therapy in the past, the documentation submitted for review fails to indicate that the injured worker is currently being treated with physical therapy or that the requested epidural steroid injection will facilitate progress in an active treatment program. In the absence of physical exam findings of radiculopathy and a documented intent for participation in an active treatment program, an epidural injection is not supported by the evidence-based guidelines at this time. The request for an epidural injection of the lumbar spine at L4-L5 on the left is not medically necessary or appropriate.