

Case Number:	CM14-0021996		
Date Assigned:	05/09/2014	Date of Injury:	07/01/2013
Decision Date:	08/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine 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:

This is a 26-year-old male with a 7/1/13 date of injury. He was working as a driver and missed the last step on his truck and fell injuring his lower back and gluteus maximus area. According to a 4/23/14 report, the patient complained of chronic low back pain with left lower extremity pain all the way down to the left foot, heel, and ankle. Upon physical exam, the patient had extreme limited range of motion of his lumbar spine with right and left lateral rotation and bending. He had limited range of motion with flexion and extension as well as the lumbar spine. Motor exam is 5/5 over the right lower extremity and 4/5 over the left lower extremity in all four muscle groups. The diagnostic impression included chronic low back pain, left lumbar radiculopathy, herniated disc disease at L4-L5 and L5-S1 to the left side, degenerative disc disease at L5-S1, facet joint arthropathy of bilateral L4-L5 and L5-S1, neuroforaminal stenosis of bilateral L4 through S1. The treatment to date includes medication management, activity modification, physical therapy and a lumbar ESI. A 2/10/14 UR decision denied the request for lumbar ESI. Based on physical findings and MRI there is no concordance for lumbar ESI. Quantitative measure progress reports are required.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI): 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 Page(s): 46, 300. Decision based on Non-MTUS Citation AMA Guides, Radiculopathy.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the California 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. It is documented in a 4/23/14 progress note that the patient had a lumbar ESI done that date with no complications. He was instructed to return in 4 to 6 weeks after the injection for follow-up and evaluation. However, there were no follow-up reports provided for review after the date of his injection. There is no documentation that the patient has obtained the degree of objective functional benefit required by guidelines from the initial injection. Therefore, the request for Lumbar Epidural Steroid Injection (ESI) was not medically necessary.