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| Case Number: | CM14-0022950 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 04/23/2013 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 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:

The patient is a 33-year-old female who has submitted a claim for myofasciitis, anxiety, insomnia, cervical spine disc syndrome, and lumbar spine disc syndrome; associated with an industrial injury date of 03/28/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain and leg radiculopathy. Physical examination showed tenderness over the paraspinal region. Lumbar spine range of motion was limited by pain. Kemp's and straight leg raise tests were positive bilaterally. Motor strength was decreased in the bilateral lower extremities. Dysesthesia was noted over the bilateral L5 and S1 dermatomes. Imaging or electrodiagnostic studies were not provided for review. Treatment to date has included medications and physical therapy. Utilization review, dated 02/14/2014, denied the request for epidural steroid injection because the physical examination was not consistent with radiculopathy as no bilateral lower extremity neurological testing was provided, and there were no MRI or electromyography (EMG) findings that show radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain with radicular symptoms despite medications and physical therapy. Kemp's and straight leg raise tests were positive bilaterally, bilateral lower extremity weakness and dysesthesia over the bilateral L5 and S1 dermatomes were noted. However, there was no imaging or electrodiagnostic test provided for review. Lastly, the present request as submitted, failed to specify the laterality of the intended procedure. As such, the request is not medically necessary.