

Case Number:	CM14-0027218		
Date Assigned:	06/13/2014	Date of Injury:	01/08/2009
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 42-year-old male who reported an injury after he was switching a tire that weighed approximately 100 pounds on 01/08/2009. The most recent clinical note dated 01/30/2010 indicated the injured worker reported constant pain in the back that radiated into the lower extremities with numbness and tingling left more than right. The injured worker reported that sitting and driving made him feel a lot worse. On physical examination, the injured worker walked favoring his left lower extremity with most of his weight tilted to the right. The injured worker had a slightly increased lumbar lordosis. On physical examination of the lumbar spine, the injured worker had moderate tenderness and spasms of the lumbar spine. Range of motion of the lumbar spine revealed lumbar flexion of 30 degrees, lumbar extension of 10 degrees, and lumbar left and right flexion of 15 degrees. The injured worker had a positive straight leg raise on the left in the sitting and supine position. The injured worker had weakness and resistance to plantar flexion and dorsiflexion in the left ankle and foot. The injured worker's ankle reflex was diminished on the left. The injured worker reported difficulty with activities of daily living. The injured worker's medication regimen included Daypril, Prilosec, Neurontin, and Vicodin. The provider submitted a request for lumbar epidural steroid injection at L3-4. A request for authorization was not submitted for review to include the date the treatment was requested.

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 L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a prior authorization for a partially certified epidural steroid injection dated 02/14/2014. In addition, a current physical examination was not submitted for review. Moreover, there was a lack of documentation including an adequate and complete current physical exam demonstrating the injured worker had decreased functional ability, range of motion, and decreased strength or flexibility. Moreover, there was a lack of evidence of documentation provided of exhaustion of conservative therapies such as NSAIDs and physical therapy. Moreover, there was a lack objective documented pain and functional improvement to include at least 50% pain relief with associated reduction of medication use. Therefore, the request for lumbar epidural steroid injection at L3-4 is not medically necessary.