

Case Number:	CM14-0028372		
Date Assigned:	06/16/2014	Date of Injury:	09/10/2013
Decision Date:	08/19/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 41-year-old female with a reported date of injury on 09/10/2013. The injury reportedly occurred when the injured worker was cleaning stairs and felt a pop in her back. Her diagnoses were noted to include L4-5, 5 mm herniation with left radiculitis. Her previous treatments were noted to include epidural steroid injections (ESI), physical therapy and medications. An MRI of the lumbar spine dated 10/28/2013 revealed L4-5 degenerative disc changes, 3 mm right lateral disc protrusion, 5 mm left lateral disc protrusion extending into the left neural foramen. The progress note dated 04/30/2014 revealed the injured worker complained of constant pain, persisting in the back, pain and numbness in the left leg. The injured worker has received 2 epidural injections. The examination of the lumbosacral spine revealed spasm and tenderness to the paraspinal muscles and tenderness to the left sciatic notch. The range of motion of lumbar spine was unrestricted and there was no evidence of radiating pain to the lower extremities on lumbar motion. The straight leg raise testing was positive on the left and there was paresthesia and numbness to the lateral aspect of the leg. Progress note dated 04/02/2014 revealed the injured worker reported she experienced about 50% improvement with the previous 2 epidural injections. The examination of the lumbosacral spine revealed lumbosacral palpation from L1 to the sacrum showed no areas of tenderness or spasm bilaterally. The range of motion was noted to be 85% and a straight leg raise test was positive on the left side. The request for authorization form was not submitted within the medical records. The request is for a lumbar ESI #3, due to lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION #3: 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 injured worker reported 50% improvement with the previous 2 ESI's. The California Chronic Pain Medical Treatment Guidelines recommend ESI's as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of ESI's are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAID's and muscle relaxants). The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. 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. Guidelines recommend no more than 2 ESI's. The documentation provided indicated the injured worker had 50% improvement with the previous epidural injections; however, it did not give the length of time. Additionally, there was a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, due to the lack of documentation regarding length of pain relief from the previous epidural injection and lack of neurological deficits in a specific dermatomal distribution, and an ESI, is not appropriate at this time. Additionally, the request failed to provide the levels at which the injection is to be applied. Therefore, the request is not medically necessary.