

Case Number:	CM14-0028473		
Date Assigned:	06/16/2014	Date of Injury:	02/27/2007
Decision Date:	08/12/2014	UR Denial Date:	02/06/2014
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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 02/27/2007. The mechanism of injury was not provided. On 02/24/2014, the injured worker presented with lumbar pain, radiating down to the left lower extremity. Upon examination there was a positive straight leg raise to the left and a positive FABER sign to the left. The range of motion values were slightly decreased for the left flexion and rotation. Prior treatment included and ESI, medications, and therapy. The diagnoses were lumbar and degenerative disc disease and lumbar radiculopathy. The provider recommended a lumbar epidural steroid injection at L3-L4 and L4-S1 bilaterally. The rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ LUMBAR EPIDURAL STEROID INJECTION AT L3-L4 AND L4-S1 BILATERAL AND MRI LUMBAR / DENIED BY PHYSICIAN ADVISOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection at L3-L4 and L4-S1 bilateral and MRI of the lumbar is not medically necessary. The California MTUS guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve levels should be injected using transforaminal blocks. Additionally, repeat blocks should be based on at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks. Included documentation lacks evidence of the injured worker's unresponsiveness to conservative treatment. The provider's request does not indicate the use of fluoroscopy for guidance. Furthermore, there is no evidence of at least a 50% pain relief associated with reduction of medication for 6 to 8 weeks with the use of the prior epidural steroid injection. The California MTUS ACOEM Guidelines state unequivocal objective findings identifying specific nerve, root compromise on neurologic exam or sufficient evidence to warrant imaging studies to injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering any imaging studies. The included medical documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show the injured worker has tried and failed the adequate course of conservative treatment. In the absence of documents showing the failure of initially recommending conservative care using active therapies and neurologic deficits on exam, an MRI would not be supported. As such, the request is not medically necessary.

MD PREFERENCE: LUMBAR EPIDURAL STEROID INJECTION AT ADVANCE SURGICAL INST. AND MRI THROUGH SIM MED IMAGING:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.