

Case Number:	CM14-0029530		
Date Assigned:	06/16/2014	Date of Injury:	09/23/2008
Decision Date:	08/13/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 65-year-old female with a reported date of injury on 09/23/2008. The injury reportedly occurred due to a slip and fall. Her diagnoses were noted to include cervicgia, cervicogenic headache, lumbago, lumbar radiculopathy, lumbar facet dysfunction, lumbar degenerative disc disease and gastritis. Her previous treatments were noted to include physical therapy and oral medications. An unofficial MRI report dated 02/04/2013 revealed L4-L5 and L5-S1 had a 3 to 4 mm disc herniation; and at L1-2 had a 2 to 3 mm disc herniation. The progress note dated 01/13/2014 revealed that the injured worker complained of pain that was 50% to her back, 25% to her legs and 25% to the right shoulder. She reported aching pain throughout her lower back and both legs as well as in both of her shoulders into the right arm, rated at an 8/10. The physical examination of the thoracolumbar spine revealed tenderness to the paraspinal muscles, decreased range of motion, a positive straight leg raise test, a normal sensory examination of the lower extremity from dermatomes L1 to S1 and full strength rated at a 5/5. The Request for Authorization form dated 01/13/2014 was for a lumbar epidural at L4-5 due to low back pain and bilateral lower extremity radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION A L4-5 QUANTITY :1: 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 complains of low back pain radiating into her lower extremities. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections are that radiculopathy must be documented by the physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections must be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. The documentation provided indicated that the injured worker had a positive straight leg raise, full sensation to dermatomes L1 to S1 and full motor strength from L1 to S1 that was rated at a 5/5. There was a lack of documentation showing significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.