

Case Number:	CM14-0031991		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2003
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 New York. 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 female who sustained an injury to her low back on 04/09/03 while restraining a student who was attempting to run from the classroom. MRI of the lumbar spine revealed marked disc height loss with disc desiccation; extensive modic type degenerative endplate changes; three millimeter disc bulge and medially directed facet arthropathy resulting in moderate to severe spinal stenosis; L4-5 and L5-S1 fusion. The injured worker continued to complain of low back pain. The injured worker completed a regimen of physical therapy that provided some benefit. She rated her current pain 5/10 visual analogue scale (VAS). Physical examination noted 5/5 bilateral lower extremities muscle strength; 2+ deep tendon reflexes; reduced sensation at the bilateral L5 dermatome; tenderness over L3-4 and L4-5 paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Interlaminar Lumbar Epidural Steroid Injection at L5-S1 under Fluoroscopic Guidance and Conscious Sedation: Upheld

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

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

Decision rationale: The request for one interlaminar lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Recent imaging studies did not note significant findings that would correlate with recent physical examination findings of an active radiculopathy at the L5-S1 level. The CAMTUS states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. Furthermore, there is no evidence based clinical literature to make a firm recommendation as to sedation during an epidural steroid injection. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the ability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Therefore, given the clinical documentation submitted for review, the request for one interlaminar lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary.