

Case Number:	CM14-0033612		
Date Assigned:	03/21/2014	Date of Injury:	05/01/1997
Decision Date:	04/30/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in California. 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:

This 58 year-old male saw operator sustained an injury on 5/1/97 while employed by the [REDACTED]. Request under consideration include a lumbar epidural steroid injection at L4-5. Report of 2/6/14 from pain management provider noted patient with neck, back, and bilateral upper and lower extremity pain. Pain level report at 10/10 without and 9/10 with medication; was seen last on 1/6/14 for refills. Exam showed neck with decreased range (no specific degree or planes); back with decreased range in all planes (no degrees specified); tenderness over right greater trochanteric bursa; neurological exam showed alert and oriented x3 and follows commands. Diagnoses included degenerative disc disease of lumbar spine with radiculopathy in bilateral lower extremity; opioid dependence; right greater trochanteric bursitis. Medications prescribed included Oxycontin, Lexapro, omeprazole, and Neurontin. Treatment also included trochanteric steroid injections; LESI pending request; urine drug screen, and heat wrap for neck. Report of 1/6/14 from the provider noted unchanged severe pain complaints and clinical findings with same treatment plan. Report of 10/9/13 indicated lumbar restricted range (no specific degrees) with 5/5 motor strength. Request for LESI at L4-5 was non-certified on 3/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5: Upheld

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

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

Decision rationale: This 58 year-old male saw operator sustained an injury on 5/1/97 while employed by the [REDACTED]. Request under consideration include a lumbar epidural steroid injection (LESI) at L4-5. Report of 2/6/14 from pain management provider noted patient with neck, back, and bilateral upper and lower extremity pain. Pain level report at 10/10 without and 9/10 with medication; was seen last on 1/6/14 for refills. Exam showed neck with decreased range (no specific degree or planes); back with decreased range in all planes (no degrees specified); tenderness over right greater trochanteric bursa; neurological exam showed alert and oriented x3 and follows commands. Diagnoses included degenerative disc disease of lumbar spine with radiculopathy in bilateral lower extremity; opioid dependence; right greater trochanteric bursitis. Medications prescribed included Oxycontin, Lexapro, omeprazole, and Neurontin. Treatment also included trochanteric steroid injections; LESI pending request; urine drug screen, and heat wrap for neck. Report of 1/6/14 from the provider noted unchanged severe pain complaints and clinical findings with same treatment plan. Report of 10/9/13 indicated lumbar restricted range (no specific degrees) with 5/5 motor strength. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for the epidurals have not been met or established. The lumbar epidural steroid injection at L4-5 is not medically necessary and appropriate