

Case Number:	CM14-0035240		
Date Assigned:	06/23/2014	Date of Injury:	10/02/2011
Decision Date:	07/30/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/21/2014

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 Management 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 is a patient of the date of injury of October 2, 2011. A utilization review determination dated March 7, 2014 recommends non-certification for a lumbar epidural steroid injection at L4-5 and L5-S1. Non-certification was recommended due to no subjective documentation of radicular complaints and no diagnostic evidence supporting a diagnosis of lumbar radiculopathy. A progress report dated May 15, 2014 identifies subjective complaints of left shoulder pain and carpal tunnel symptoms. Physical examination findings identify positive straight leg raise on the right with radiation into the right lumbar region, reduced sensation in the lateral femoral cutaneous nerve distribution, reduced sensation on the dorsum of the left foot, and normal lower extremity strength. Diagnoses include cervical brachial syndrome, cervicgia, and lumbago. The treatment plan recommends continuing medication and obtaining a cervical spine MRI. A progress report dated April 18, 2014 includes subjective complaints of sharp electrical pain in the bottom of her foot and left buttock. A progress report dated January 24, 2014 identifies subjective complaints of lower extremity pain on the left side with numbness in the lateral aspect of the leg. Physical examination identifies positive straight leg raise on the right with radiation to the right lumbar spine as well as reduced sensation in the left foot and reduced lower extremity strength with right foot flexion. The treatment plan states, "review of her EMG/NCS study. Is grossly abnormal of the lower extremities." The treatment plan recommends a lumbar epidural steroid injection. An agreed medical evaluation dated November 23, 2013 includes a record review which shows an EMG report dated June 8, 2013 identifying chronic left L4-5 and right S1 radiculopathy. The treatment plan recommends a cervical or lumbar epidural injection followed by 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural steroid injection at the L4-L5 and L5-S1 levels: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are subjective complaints and objective findings supporting a diagnosis of radiculopathy. Additionally, although no electrodiagnostic or MRI reports are included for review, an Agreed Medical Evaluation reviews an electrodiagnostic study which identifies radiculopathy at the proposed levels. Additionally, the patient has failed conservative treatment. As such, the currently requested epidural steroid injections at the L4-L5 and L5-S1 levels are medically necessary.