

Case Number:	CM14-0036768		
Date Assigned:	06/25/2014	Date of Injury:	09/02/2003
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Illinois. 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 male with a reported date of injury on 09/02/2003. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with right knee pain rated at 8/10 without medication and 3-4/10 with medication. According to the clinical information provided for review the injured worker previously underwent a lumbar ESI, which the physician stated the injured worker had a 50% relief of low back pain as well as 100% relief of muscle spasms, lasting 2 days. The MRI of the lumbar spine dated 03/18/2014, revealed degenerative disc disease with foraminal narrowing at L1-2 and L4-S1, as well as spondylosis, L3-4 herniation into intervertebral foramen, and L4-S1 disc bulge and facet arthropathy. The official MRI results were not provided within the documentation available for review. In addition, the physician indicated the injured worker's physical exam revealed decreased range of motion of the back and sensory deficits at L5-S1 dermatomes, with lower leg extremity weakness to range of motion. In addition, the physical exam revealed tenderness to palpation in the L-S spine at the L3-S1 levels, active forward flexion to 80 degrees, and extension to 10 degrees. The injured worker's diagnoses included shoulder joint pain, lower leg pain, lumbago, bulging lumbar disc, lumbar spinal stenosis, and cervicalgia. The injured worker's medication regimen included Oxycontin, Oxycodone, and Voltaren external gel. The request for authorization form for LESI (lumbar epidural steroid injections) L5-S1 x 1 with sedation was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (Lumbar Epidural Steroid Injections) L5-S1 X1 with sedation: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria for the use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, and injections should be performed under fluoroscopy for guidance. In addition, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvements, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region. According to the clinical documentation provided for review, the injections the injured worker has received previously gave him 50% relief lasting a duration of 2 days. In addition, there is a lack of documentation related to previous physical therapy and the therapeutic benefit. There is a lack of documentation related to the use of physical therapy in conjunction with the epidural steroid injections. In addition, the request as submitted failed to provide the use of fluoroscopy (live x-ray) for guidance while the injection was being performed. In addition, radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The clinical information indicates that the injured worker had positive right straight leg raise. There is a lack of documentation to the radiculopathy being corroborated by imaging studies and/or electrodiagnostic testing. There is a lack of documentation related to the injured worker's neurological deficits to include the reflexes, strength, and sensation. In addition, an official copy of the MRI was not provided within the documentation available for review. Therefore, the request for LESI (lumbar epidural steroid injections) L5-S1 x 1 with sedation is not medically necessary.