

Case Number:	CM14-0041877		
Date Assigned:	06/30/2014	Date of Injury:	03/13/2013
Decision Date:	08/21/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 44-year-old male who has submitted a claim for lumbar radiculopathy, and lumbar sprain/strain; associated with an industrial injury date of 03/13/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the right leg. Physical examination showed tenderness over the lumbar spine. Range of motion of the lumbar spine was limited. There was decreased sensation over the right L5-S1 dermatomal distribution. MRI of the lumbar spine, dated 10/14/2013, showed normal disc height and hydration, and no disc bulges, protrusions, facet arthropathy, or central canal stenosis. Foramina were patent. Treatment to date has included medications, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Utilization review, dated 03/29/2014, denied the request for epidural steroid injection because the available information did not meet the criteria for epidural steroid injections (ESI), with no corroborative nerve encroachment on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and physical therapy. Physical examination showed hypoesthesia over the L5-S1 dermatomal distribution. However, MRI of the lumbar spine, dated 10/14/2013, failed to show significant foraminal narrowing or nerve root compromise at the level of L5-S1. The criteria for epidural steroid injections (ESI) have not been met. Therefore, the request for Right L5-S1 transforaminal epidural steroid injection is not medically necessary and appropriate.