

Case Number:	CM14-0042914		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2009
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
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 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:

The injured worker is a 46-year-old female with a reported date of injury on 07/20/2009. The injury reportedly occurred when the worker was assisting an adult client while performing her duties as a home health aide. The injured worker presented with midback, low back and right leg pain, rated at 6-7/10. Upon physical examination, the injured worker presented with tenderness to palpation about the thoracic and lumbar spine. The lumbar range of motion revealed flexion to 20 degrees, extension to 0 degrees and lateral bending to 5 degrees, bilaterally. The physician indicated that the lower extremity sensation is decreased to the right L3-L4-L5 and S1 dermatomes. The injured worker presented with a positive right straight leg raise. The lumbar MRI dated 07/23/2013 revealed previous L4-S1 laminectomy with fusions anteriorly and posteriorly, a small residual right posterior focal protrusion of the L5-S1 disc and minimal to mild residual circumferential bulging of the disc at L3-4 and L4-5. The MRI of the lumbar spine dated 10/10/2013 revealed postsurgical changes, a mild posterior disc bulge at L3-4 without significant spinal stenosis, no foraminal stenosis and no evidence of acute injury. According to the clinical documentation provided for review, the injured worker has undergone epidural steroid injections previously; the results of which were not provided within the documentation available for review. Previous physical therapy and conservative care were not provided within the clinical information provided for review. The injured worker's diagnoses included status post L4-5 and L5-S1 fusion in 2010, adjacent segment disease, lumbar radiculopathy and rule out pseudoarthrosis. The injured worker's medication regimen included Norco, Lyrica, Cymbalta, Zolof and Ambien. The Request for Authorization for 1 lumbar spine epidural nerve block injection was not submitted. The rationale for the review was not provided within the documentation available.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar spine epidural nerve block injection: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing with a home exercise program. The criteria for the use of an epidural steroid injection would include documentation of radiculopathy by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker would be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy. The documentation provided for review indicates that the injured worker previously underwent epidural steroid injections; the results of which were not provided within the clinical information. Radiculopathy was not corroborated by the imaging studies completed. There was no sign of impingement on the previous MRIs. There was a lack of documentation related to electromyography (EMG) or Nerve conduction Studies (NCS) electrodiagnostic testing. In addition, there was a lack of documentation related to previous conservative care or 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 for guidance and did not provide the nerve root or interlaminar level to receive the epidural steroid injection. Therefore, the request for one lumbar spine epidural nerve block injection is not medically necessary and appropriate.