

Case Number:	CM14-0043086		
Date Assigned:	07/14/2014	Date of Injury:	01/21/2013
Decision Date:	08/11/2014	UR Denial Date:	03/05/2014
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 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 43-year-old male who reported an injury on 01/21/2013. The injury reportedly occurred due to poor shock absorbers while he was driving a forklift resulting in repetitive bouncing. He was diagnosed with L5 disc syndrome with sciatica. His past treatments were noted to include physical therapy and medications. The patient was noted to have undergone a CT scan of the lumbar spine on 05/24/2013 which revealed multilevel disc bulging, specified as 2 to 3 mm disc bulges at L1-2, L2-3, and L3-4; 3 to 4 mm disc bulges at L4-5 and L5-S1; and mild to moderate left neuroforaminal narrowing at L3-4 and moderate to severe bilateral neuroforaminal narrowing at L4-5 and L5-S1. On 02/18/2014, the patient was seen for follow up and complained of pain in his back and left buttock. It was noted that he had not improved with conservative treatment. The recommendation was made for a series of 3 epidural steroid injections in order to decrease the swelling around the nerve roots and relieve some of his discomfort. A Request for Authorization form was submitted for epidural steroid injections x3 on 02/18/2014. The rationale for the request was noted to be pain over L5 with sciatica and a herniated nucleus pulposus per MRI, with no improvement with conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Lumbar epidural steroid injections per RFA (Request for Authorization) dated 02/18/14: 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 Injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be supported to facilitate progression in the patients more active therapeutic exercise program when radiculopathy is demonstrated on physical examination and corroborated by imaging studies. The guidelines also state that the patient should have been initially unresponsive to conservative treatment including physical therapy, medications, NSAIDs (Non-Steroidal Anti Inflammatory Drugs) and muscle relaxants. In addition, the guidelines state that repeat injections should be based on an adequate response to the previous injections and current research does not support a series of 3 injections in either of the diagnostic or therapeutic phase. The clinical information submitted for review indicated that the patient has low back pain with radiation into the left buttock. He was also noted to have moderate to severe bilateral neuroforaminal narrowing at the L4-5, L5-S1 levels. However, a physical examination was not noted to have been performed at his 02/18/2014 visit with evidence of radiculopathy such as decreased sensation or motor strength in a specific distribution. In the absence of radiculopathy on physical examination, corroboration by diagnostic testing, epidural steroid injection is not supported. In addition, the request failed to indicate the level and side recommended for injection. Moreover, the guidelines do not support a series of 3 injections at this time. For the reasons noted above, the request for Three (3) Lumbar epidural steroid injections per RFA (Request for Authorization) dated 02/18/14 are not medically necessary and appropriate.