

Case Number:	CM14-0043710		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2013
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehab 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 28-year-old female with a reported date of injury on 08/27/2013. The injury reportedly occurred when the injured worker lifted a resident off the toilet. Her diagnoses were noted to include persistent low back pain secondary to L5-S1 central disc protrusion, thoracic or lumbosacral neuritis or radiculitis, lumbar strain, and thoracic sprain. Her previous treatments were noted to include hot/cold applications, activity modification, physical therapy, and home exercise program. The official MRI reported dated 10/28/2013 revealed mild right facet osteoarthritis and a tiny focal central protrusion was present at L5-S1. The progress note dated 03/24/2014 revealed the injured worker complained of low back pain with increased right greater than left lower extremity symptoms rated 8/10. The injured worker reported her maintenance of her activities of daily living with medications. The medication regimen allowed the injured to perform her activities of daily living which included grocery shopping, basic necessary household duties, bathing, grooming, and preparation of food. The physical examination revealed tenderness to the lumbar spine. The lumbar spine had a normal range of motion. The lower extremity in neurological evaluation was consistent with L5-S1 involvement in regards to motor and sensory. The lumbo paraspinal musculature had decreased spasms. The progress note dated 05/12/2014 revealed decreased pain and results in improve function and a greater level of activity. The physical examination revealed tenderness to the lumbar spine, limited range of motion, and positive straight leg raise. The Request for Authorization form dated 02/10/2014 was for a trial of a lumbar epidural steroid injection to L5-S1 for persistent low back pain secondary to central disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

spine injection to the lumbar/sacral (L5-S1 epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for spine injection to the lumbar/sacral (L5-S1 epidural steroid injection) is non-certified. The injured worker has had a previous MRI and radiculopathy clinical findings. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The MRI of the lumbar spine revealed mild right facet osteoarthritis and a tiny focal central protrusion was present at L5-S1. However, there was no impingement or stenosis noted. The injured worker has some neurological deficits in the L5-S1 dermatomal distribution. However, both the MRI and the EMG/NCV were unremarkable for nerve damage. Therefore, due to the lack of corroborative findings for lumbar radiculopathy and the lack of documentation of failure of conservative treatment, the epidural steroid injection is not appropriate at this time. Therefore, the request is non-certified.