

Case Number:	CM14-0043934		
Date Assigned:	07/02/2014	Date of Injury:	10/18/2013
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 50-year-old male with a reported date of injury on 10/18/2013. The injury reportedly occurred lifting a furniture cube weighing approximately 15 pounds when he experienced back pain. His treatments were noted to include physical therapy and medications. His diagnoses were noted to include cervical spondylosis C4-5, thoracic strain, lumbar strain, degenerative discs with disc protrusions L3-4, L4-5, and L5-S1. An MRI performed in the emergency room on 10/18/2013 reported the degenerative changes at L3-5 disc material extended into the left neural foramen and does encroach on the exiting left L3 nerve root. There is a left foraminal disc herniation at that level. At L4-5, there is disc material extending into the right neural foramen without definitive nerve root compression. The unofficial MRI report noted at L5-S1 there was a mild disc bulge with mild facet arthropathy, however, no spinal canal compromise was seen or significant, and no significant foraminal narrowing was noted. The progress note dated 02/13/2014 reported the injured worker complained of low back pain worse with sitting or standing, and significantly increased after 2 hours of driving. The pain radiated to the right buttock and right posterior thigh. The injured worker also complained of continued neck pain that radiated down the bilateral arms associated with numbness in his dorsal forearms and hands. The cervical spine examination noted range of motion was moderately restricted with pain at limits of his range. There was tenderness to palpation over the bilateral trapezii, and motor and sensory function of the upper extremities was intact. The lumbar spine examination reported the range of motion was moderately restricted with pain in all planes, and motor and sensory function of the lower extremities was grossly intact. The Request for Authorization form dated 02/27/2014 is for a lumbar epidural steroid injection for radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections at the right L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS 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 an epidural steroid injection is for 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). The guidelines also state injections must be performed using fluoroscopy for guidance and if used for diagnostic purposes, a maximum of two 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 one to two weeks between injections. The guidelines state no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. There is a lack of documentation showing significant neurological deficits such as decreased motor strength, sensation, or reflexes in a specific dermatomal distribution. The MRI does not corroborate lumbar radiculopathy. Additionally, the MRI report indicated there was no spinal canal compromise or significant foraminal narrowing noted. Therefore, the request is not medically necessary.