

Case Number:	CM14-0044659		
Date Assigned:	07/02/2014	Date of Injury:	06/14/2012
Decision Date:	08/20/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 28-year-old male who reported an injury on 06/14/2012. The mechanism of injury was noted to be a fall. He is diagnosed with chronic low back pain and right L5 and S1 radiculopathy. His past treatments included knee surgery, anti-inflammatory medications, pain medication, physical therapy, applications of ice and heat, and chiropractic treatment. A magnetic resonance imaging (MRI) performed on 10/23/2013 revealed mild lower lumbar degenerative disc and facet disease with no significant foraminal stenosis or nerve root impingement. On 01/29/2014, the injured worker presented with complaints of low back pain with radiating pain down his right lower extremity to the toes. On physical examination, he was shown to have decreased sensation in a right L5 and S1 dermatomal distribution, diminished right ankle reflex to 1+ compared to 2+ on the left, and no significant weakness. The treatment plan was noted to include a trial of epidural steroid injections. The rationale for the request was to treat the patient's radicular pain down the right extremity and based on MRI pathology. The Request for Authorization for a lumbar epidural steroid injection was submitted on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection at L5 and S1: Upheld

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

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, state epidural steroid injections may be recommended with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the injured worker needs to have been shown to initially, the injured worker needs to have been shown to have been initially unresponsive to conservative treatment. Further, the guidelines state epidural steroid injection must be performed under fluoroscopic guidance. Moreover, the purpose of epidural steroid injections is to facilitate progression in therapeutic exercise programs. The clinical information submitted for review indicated that the injured worker failed initially recommended treatment including physical therapy and medications. Additionally, he was shown to have radiculopathy on physical examination documented as decreased sensation in the L5 and S1 distributions and a decreased right ankle reflex; however, the injured worker's magnetic resonance imaging (MRI) failed to reveal significant pathology at the requested levels in the form of neural foraminal narrowing and/or nerve root impingement. Additionally, the documentation did not indicate that the injections would be provided to facilitate progression in a therapeutic exercise program. Furthermore, the request failed to indicate the laterality being suggested for injection and the patient was only noted to have symptoms and physical examination findings in the right lower extremity. Moreover, the request failed to indicate that the injection would be provided using fluoroscopic guidance. Therefore, based on the lack of pathology on MRI, the absence of documentation showing the injection would be to facilitate therapeutic exercise, the lack of physical examination findings consistent with radiculopathy in the left lower extremity, and as the request did not indicate that the injection would be provided using fluoroscopic guidance, the request is not supported. As such, the request is not medically necessary.