

Case Number:	CM14-0044695		
Date Assigned:	07/02/2014	Date of Injury:	04/03/2002
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injury on 04/03/2002 reportedly sustained by lifting. He injured his low back. The injured worker's treatment history included physical therapy, epidural steroid injections, spinal cord stimulator, medications, and a urine drug screen. The injured worker was evaluated on 02/18/2014, it was documented the injured worker had severe pain on the left side on the lower back and couldn't sleep. The injured worker complained of constant severe pain to left lower extremity and into his groin. The provider noted that he had left leg pain that was severe. Physical examination revealed he had increased baseline left-sided low back pain with pain shooting to his groin and into his left leg/foot. He had lumbar paraspinal muscle tenderness to L/S junction on left. He had decreased range of motion in lumbar spine. The injured worker had underwent an MRI of the lumbar spine on 03/10/2014 that revealed L3-4 there was a 1 mm circumferential disc bulge with mild narrowing of the neural foramina bilaterally and mild multilevel facet arthropathy with no central canal narrowing. Medications included Neurontin 600 mg, Flexeril 5 mg, Xanax 0.5 mg, Opana IR 5 mg, and Lyrica 100 mg. Diagnoses included post laminectomy syndrome lumbar region, lumbago, thoracic/lumbosacral, spasm of the muscle, and unspecified myalgia and myositis. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection. Decision based on Non-MTUS Citation AMA Guidelines to the Evaluation of Permanent Impairment. Andersson GB, Cocchiarella L. Chapter 15, pages 383-383.

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. The provider noted the injured worker had undergone a previous ESI; however, there was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker the diagnoses included lumbar radiculopathy, spasm of muscle and unspecified myalgia and myositis. Given the above, the request for left transforaminal epidural steroid injection L3-4, L4-5 is not medically necessary.