

Case Number:	CM14-0045857		
Date Assigned:	07/02/2014	Date of Injury:	04/07/2010
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 69-year-old female who has submitted a claim for lumbar disc degeneration, lumbar disc herniation, chronic low back pain, and radiculopathy; associated with an industrial injury date of 04/07/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain and left leg pain. Physical examination showed that patient had an antalgic gait. Range of motion of the lumbar spine was limited. Motor strength was normal. MRI of the lumbar spine dated 05/14/2013 showed moderate neural foraminal narrowing at the level of L3-L4. Treatment to date has included medications and epidural steroid injections. Utilization review dated 03/11/2014 denied the request for epidural steroid injection because there were no specific neurologic findings consistent with left L3-L4 radiculopathy documented on physical examination, no indication that patient has had an adequate trial of physical therapy since onset of left leg pain, and clarification is needed regarding previous epidural steroid injection, including pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Epidural steroid injection at the Left L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. In this case, the patient complains of back and left leg pain despite medications and epidural steroid injections performed on 01/22/2013 and 09/30/2013. However, there were no neurologic deficits at the level of L3-L4 suggestive of radiculopathy. Moreover, there was no discussion regarding degree and duration of pain relief, as well as functional improvement from previous epidural steroid injections. Furthermore, guidelines do not recommend more than two epidural steroid injections. The criteria for epidural steroid injections have not been met. Therefore, the request for one epidural steroid injection at the left L3-L4 is not medically necessary.