

Case Number:	CM14-0047072		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2008
Decision Date:	08/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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:

This is a 35-year-old female who injured her lower back in May 2008. The mechanism of injury is not mentioned. She has had 2 epidural injections; both provided her 50% and 75% relief. These were performed June 2013 and January 2014. The physician stated in her assessment June 2014 that the patient had significant mechanical back pain and lumbar disc displacement with radiation of pain into her lower extremities. She had lumbar tenderness on exam with a positive leg lift, bilaterally. Motor strength and sensory exam was not evaluated. She has not had an electromyography (EMG) or MRI. She was recently started on Nortriptyline 25mg. She takes Nucynta, Lortab, and Zanaflex and an occasional anti-inflammatory. There is no indication as to whether she has had physical therapy, chiropractic treatments, or acupuncture. July 1, 2014 she underwent diagnostic lumbar facet nerve blocks bilaterally innervating L4-5 and L5-S1 facet joints. The response to this has not yet been documented. She would like to have a repeat lumbar epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections(ESIs).

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

Decision rationale: The MTUS specifically states - if there are symptoms suggestive of a radiculopathy that it must be documented by physical exam and corroborated by imaging or EMG. These seemingly were not done; there is nothing to confirm the clinical suspicion that there is a neuro-compressive lesion contributing to the patient's radiation of pain into the lower extremity. Additionally, the MTUS states an epidural injection should not be done unless the patient is initially unresponsive to conservative treatment such as exercise, physical therapy, anti-inflammatories or muscle relaxants. Though the patient is getting inadequate relief from her medications, she seemingly has not participated in any physical medicine therapy. It is for these reasons; this lumbar epidural is not found to be medically necessary.