

Case Number:	CM14-0047660		
Date Assigned:	07/02/2014	Date of Injury:	10/19/2001
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
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 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 55-year-old male who has submitted a claim for chronic pain, and lumbar radiculitis, status post lumbar spine fusion; associated with an industrial injury date of 10/19/2001. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 7-9/10, radiating to the bilateral lower extremities. Pain is aggravated by activity and walking. Physical examination showed tenderness in the spinal vertebral area L4-S1 levels. DTRs were normal. Motor testing showed weakness of the extensor hallucis longus, and flexor hallucis longus. Sensation was intact. Treatment to date has included medications, physical therapy, occipital nerve block, and spinal surgery as stated above. Utilization review, dated 03/27/2014, denied the request for epidural steroid injection because there was a lack of recent diagnostic study confirming pathology which may be amenable to a lumbar epidural steroid injection at the requested levels, and there was lack of documentation regarding objective findings suggestive of radiculopathy and failure of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections L2-3, L5-S1: 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 injection 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. In this case, the patient complains of low back pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. However, physical examination failed to show findings suggestive of radiculopathy, including nerve impingement tests or neurologic deficits over the requested levels. Moreover, there were no imaging or electrodiagnostic evidence of radiculopathy. The criteria for ESI have not been met. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTIONS L2-3, L5-S1 is not medically necessary.