

Case Number:	CM14-0048585		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2001
Decision Date:	08/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 38-year-old male who has submitted a claim for lumbar radiculopathy, lumbago, lumbar sprain, and lumbosacral joint sprain associated with an industrial injury date of 10/10/2001. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain and muscle spasms, resulting to difficulty assuming left side-lying position. Pain radiated to left lower extremity, relieved upon intake of medications, i.e., Norco, Flexeril and ketoprofen. Treatment regimen allowed him to stay active and to perform his activities of daily living. Physical examination of the lumbar spine showed muscle spasm, tenderness, and restricted range of motion. Sensation was diminished at the right lateral leg. Hyporeflexia of the right ankle was noted. EMG, dated 07/12/2010, demonstrated chronic left L5 radiculopathy. Treatment to date has included left S1 SNRB, left L5-S1 ESI on 03/14/2013 resulting to 50% improvement, microdiscectomy in 2007, physical therapy and medications. Utilization review from 03/06/2014 modified the request for ESI lumbar spine injection left L4-5, L5-S1 into ESI at left L5-S1 because there was no physical examination finding to corroborate left L4-L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI lumbar spine injection left L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks. In this case, patient complained of low back pain radiating to left lower extremity. Physical examination showed restricted lumbar range of motion, dysesthesia at the right lateral leg, and hyporeflexia of the right ankle. However, clinical manifestations are not consistent with left L4-5, L5-S1 radiculopathy. Moreover, EMG from 07/12/2010 only demonstrated chronic left L5 radiculopathy. The official report was likewise not made available for review. Furthermore, patient underwent left L5-S1 ESI on 03/14/2013 resulting to 50% improvement. However, duration of pain relief was not documented to determine if guideline criterion of at least six weeks of sustained improvement was met. The medical necessity cannot be established due to insufficient information. Therefore, the request for ESI lumbar spine injection left L4-5, L5-S1 is not medically necessary.