

Case Number:	CM14-0049764		
Date Assigned:	07/07/2014	Date of Injury:	11/23/2009
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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 and is licensed to practice in Alabama. 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 47 year old female who was injured on 11/23/2009. She has been treated conservatively with epidural steroid injections with benefit. Her past medications include Tramadol ER 150 mg once a day, Norco 10/325, Prilosec 20 mg, Flector and Ibuprofen. Pain management evaluation report dated 03/03/2014 states the patient complained of severe low back pain with radiculopathy. She reported her medications help her with the pain and allow her to be functional in performing her daily activities. Objective findings on exam revealed tenderness over the lumbar paraspinal muscle and bilateral gluteus region. She also has some tenderness over the bilateral hip area. Her lumbar range of motion continues to be about 40 to 50% with flexion, and 50 to 60% with extension and lateral bendings, but all with moderate muscular spasm and guarding. Manual muscle testing of her bilateral lower extremities show 5-/5 with bilateral hip flexion abduction, bilateral knee flexion extension and bilateral ankle dorsiflexion and plantar flexion. She is diagnosed with lumbosacral sprain/strain with chronic lumbago, lumbar radiculopathy right worse than left, status post right hip arthroscopy with recurrent right hip pain, right knee internal derangement, and chronic pain syndrome. The treatment and plan included physical therapy and ESI (epidural steroid injection). Prior utilization review dated 03/17/2014 states the request for Lumbar ESI L4-5 & L5-S1 is not authorized as the patient must be unresponsive to conservative therapy and there is no documented continued functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Epidural steroid injections; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Epidural steroid injections (ESIs).

Decision rationale: The ODG and CA MTUS guidelines state that the criteria for the use of Epidural steroid injections: 1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing... 7) Therapeutic phase: If after the initial block/blocks are given... and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported... Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this case, there are no significant findings on advanced imaging to suggest significant foraminal narrowing or neural contact. In addition, there are no documented examination findings of abnormal motor, sensory, or reflex changes in a dermatomal distribution to suggest a diagnosis of radiculopathy. Finally, there is no documentation of 50-70% pain relief as well as pain medication reduction and improved function from prior ESI. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.