MAXIMUS Federal Services

Case Number:	CM14-0050256		
Date Assigned:	06/25/2014	Date of Injury:	03/20/2009
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 27-year-old male with a reported date of injury of 03/20/2009. The mechanism of injury was noted to be a pushing injury. His diagnoses were noted to include chronic low back pain greater than 3 months and lumbar disc herniation with radiculopathy. His previous treatments were noted to include medications. The MRI report dated 03/07/2014 revealed broad-based left posterolateral/foraminal disc protrusion at L4-5 with encroachment of the disc material on the inferior aspect of the left L4-5 neural foramina, and close proximity to the exiting left L4 nerve root. The MRI also revealed desiccated L5-S1 intervertebral disc with focal posterior disc protrusion and resultant stenosis of the central canal. The progress note dated 02/25/2014 revealed the injured worker complained of intermittent, mild/moderate, sharp/stabbing/burning pain. The physical examination revealed the deep tendon reflexes were 2/4 bilaterally, a negative straight leg raise test, and the sensation was intact. His strength was rated 5/5 with resisted plantar flexion and hallux extension bilaterally. Palpation demonstrated mild lumbosacral tenderness with diffuse left-sided spasms. His lumbar range of motion was noted to be flexion was to 100 degrees, extension was to 20 degrees, lateral right/left bending was to 25 degrees, and rotation right/left was noted to be 30 degrees. The Request for Authorization form dated 03/12/2014 was for lumbar epidural injections. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: The injured worker has MRI findings consistent with radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corrobative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections are that radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminal level should be injected per session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than four blocks per region per year. There is a lack of documentation of failure of conservative treatment. Additionally, the request failed to provide the level for which the injection is to be placed. Therefore, the request is not medically necessary.