

Case Number:	CM14-0051131		
Date Assigned:	07/07/2014	Date of Injury:	07/09/2000
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency 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:

The injured worker is a 71 year-old male, who sustained an injury on July 9, 2000. The mechanism of injury was not noted. Diagnostics have included lumbar spine MRI dated July 10, 2000 was reported as showing levoscoliosis, disc protrusions at L1-2, L3-4 central and lateral recess stenosis; mild L4-5 central canal stenosis, mild central L5-S1 annular disc bulge; February 7, 2014 lumbar spine MRI which was reported as showing multilevel degenerative disc changes with L5-S1 disc bulge encroaching on the epidural fat abutting the thecal sac without nerve root encroachment, L3-4 and less at L4-5 and L5-S1 facet changes with narrowing of the nerve root foramina. Treatments have included medications, lumbar epidural steroid injection in April 2013, chiropractic and physical therapy. The current diagnoses are lumbosacral spondylosis, lumbar radiculopathy and lumbar degenerative disc disease. The stated purpose of the request for Epidural Steroid Injection for the Lumbar Spine was not noted. The request for Epidural Steroid Injection for the Lumbar Spine was denied on April 1, 2014, citing a lack of documentation of the level of the previous epidural injection, a lack of documented related positive imaging study findings, and a lack of documentation of the percentage of relief with functional improvement and decreased medication usage from the previous epidural injection. Per the report dated February 23, 2014, the treating physician noted complaints of low back pain with radiation to both legs. The treating physician also noted twelve months of pain relief from a previous lumbar epidural steroid injection in April 2013. Exam findings included lumbar muscle spasms, restricted lumbar range of motion, positive right-sided straight leg raising test, weakness to right foot dorsiflexion. Per a QME report dated July 21, 2011, future medical treatment included medication management, and a surgical option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested Epidural Steroid Injection for the Lumbar Spine is not medically necessary. Per MTUS Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker has complaints of low back pain with radiation to both legs. The treating physician also noted twelve months of pain relief from a previous lumbar epidural steroid injection in April 2013. Exam findings included lumbar muscle spasms, restricted lumbar range of motion, positive right-sided straight leg raising test, weakness to right foot dorsiflexion. The request for Epidural Steroid Injection for the Lumbar Spine was denied on April 1, 2014, citing a lack of documentation of the level of the previous epidural injection, a lack of documented related positive imaging study findings, and a lack of documentation of the percentage of relief with functional improvement and decreased medication usage from the previous epidural injection. February 7, 2014 lumbar spine MRI which was reported as showing multilevel degenerative disc changes with L5-S1 disc bulge encroaching on the epidural fat abutting the thecal sac without nerve root encroachment, L3-4 and less at L4-5 and L5-S1 facet changes with narrowing of the nerve root foramina. The treating physician did not document the level of the previous or currently requested epidural injection, nor the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, Epidural Steroid Injection for the Lumbar Spine is not medically necessary.