

Case Number:	CM14-0054308		
Date Assigned:	07/07/2014	Date of Injury:	07/31/2012
Decision Date:	08/18/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiologist, has a subspecialty in 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 35-year-old male who reported an injury on 07/31/2012. The injury reportedly occurred when he was installing the threshold of a door. Upon examination on 03/31/2014, the injured worker felt his lower back was swollen. He reported low back pain after 1 to 2 hours of modified duty with limited lifting of 35 pounds. Medications include Diclofenac ER 100 once a day, Cyclobenzaprine 7.5 mg at bedtime as needed for muscle spasms, and Amitriptyline 50 mg at bedtime. Straight leg raise to the right resulted in pain in the right lumbosacral area and the straight leg raise to the left resulted in pain in the left lumbosacral area. The diagnoses include lumbosacral neuritis or radiculitis unspecified, lumbar intervertebral disc without myelopathy, lumbar sprain/strain repetitive, cervical strain/sprain repetitive, low back pain axial. The injured worker had an MRI scan and positive electromyogram /nerve conduction velocity (EMG/NCV). The 09/27/2012 MRI revealed abnormal L5-S1 mild loss of disc height. Additionally, the 11/09/2012 EMG was consistent with the bilateral lumbar radiculopathy involving the L4 nerve root of the left and the L5 nerve root on the right. No rationale was provided with the notes submitted for review. Request for Authorization is dated 03/31/2014 for lumbar epidural steroid injections at L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection.

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

Decision rationale: The request for lumbar epidural steroid injections at L3-4, L4-5, and L5-S1 is not medically necessary. The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) state epidural steroid injection is to reduce pain and inflammation, restore range of motion, and facilitate progress in more active treatment programs. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker was unresponsive to conservative treatment. The injections should be performed using fluoroscopic for guidance. The guidelines also state that no more than 2 nerve root levels should be injected at a time. The request is for 3 levels of nerve root injections. The injured worker reported low back pain after 1 to 2 hours of modified duty with limited lifting of 35 pounds. The guidelines state the use of epidural steroid injections are recommended for treatment of radicular nerve pain. The injured worker complained of low back pain; however, there was no mention of radiating pain to his lower extremities or significant findings of radiculopathy, such as decreased sensation or motor strength in specific distributions, on physical examination. As such, the request for lateral epidural steroid injections at L3-4, L4-5, and L5-S1 is not medically necessary.