

Case Number:	CM14-0054366		
Date Assigned:	07/07/2014	Date of Injury:	08/15/2013
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who sustained an injury on 08/15/2013. The injury reportedly occurred when he was wrapping a pallet of tiles, the pallet broke and fell on his feet, due to which he could not move his feet and fell backwards hurting his back. His diagnoses included lumbar disc protrusion, lumbar degenerative disc disease and lumbar radiculopathy. Past treatments included medications and physical therapy. Diagnostic studies included an MRI of the lumbar spine. Surgical history was not provided. On 02/18/2014 the injured worker was seen for headaches, neck and back pain. The pain was associated with weakness and numbness in legs. The pain radiated to the abdomen, bilateral legs, knee, ankle and foot. The injured worker was currently out of work. Exam of the lumbar spine revealed there was tenderness to palpation, guarding and spasms noted in the paravertebral region bilaterally. There were trigger points noted in the lumbar paraspinal muscles bilaterally. Manual muscle testing revealed 4/5 strength with flexion/extension and bilateral bend. Range of motion was restricted due to pain and spasm. Flexion was at 50 degrees. Extension was at 15 degrees, right and left lateral bend were at 15 degrees. An MRI of the lumbar spine on 11/21/2013 revealed moderate to marked left foraminal stenosis at L4-5 secondary to broad based disc protrusion, facet joint and ligamentum flavum degenerative hypertrophy. At L5-S1, mild bilateral foraminal stenosis. There was no physical therapy notes provided. Medications were not provided. The request is for a lumbar epidural steroid injection. The Request for Authorization and rationale were not provided within the documentation submitted for review.

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 Epidural Steroid injections.

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

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one 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 associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided. The level was not specified in the request. As such, the request for Lumbar Epidural Steroid Injection is not medically necessary.