

Case Number:	CM14-0058699		
Date Assigned:	07/09/2014	Date of Injury:	08/30/2013
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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 patient is a 33-year-old male who has submitted a claim for lumbar disc protrusion, radicular complaints down the left leg, lumbar strain, and thoracic strain; associated with an industrial injury date of August 30, 2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 8/10, radiating to the left heel. Physical examination showed tenderness of the bilateral lumbar paraspinal muscles with spasms along the left paraspinal area. Range of motion was restricted by pain. Kemps test was somewhat positive bilaterally. DTRs were normal. Motor strength was normal. Sensation of the lower extremities was intact bilaterally. MRI of the lumbar spine, dated January 13, 2014, showed mild to moderate left lateral recess and left neural foraminal stenosis. EMG of the lower extremities, dated April 1, 2014, showed normal findings bilaterally without evidence of radiculopathy or axonal denervation. Treatment to date has included medications, acupuncture, and chiropractic therapy. Utilization review, dated April 23, 2014, denied the request for epidural steroid injection because there was no objective evidence of radiculopathy on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI (epidural steroid injection) at left L5-S1, left S1 fluoroscopic guidance:
Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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. In this case, the patient complains of low back pain accompanied by radicular symptoms despite medications, and chiropractic therapy. However, physical examination did not show evidence of radiculopathy at the requested levels. Moreover, MRI of the lumbar spine, dated January 13, 2014, failed to show significant neural foraminal narrowing or frank nerve root compromise. Furthermore, EMG of the lower extremities, dated April 1, 2014, showed normal findings bilaterally without evidence of radiculopathy or axonal denervation. The criteria for ESI have not been met. Therefore, the request for transforaminal ESI at left L5-S1, left S1 fluoroscopic guidance is not medically necessary.