

Case Number:	CM14-0059281		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2011
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
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 Physical Medicine & Rehabilitation and Pain 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 47-year-old-male, who who sustained industrial injury on 11/18/11. The patient complained of low back pain. The patient describes his current degree of pain as moderate. He is experiencing constant pain in the back. He describes the back/leg pain ratio as 100% back pain and 0% leg pain. He describes his symptoms as unchanged. His chief complaint is lower back pain/stiffness. On 06/04/2014, patient's Lumbar spine - ROM: Flexion: 70/90 degrees without pain; extension: 20/30 degrees without pain. At Lumbar/thoracic spine there was midline tenderness. Motor strength exam of lower extremities revealed 5/5. Left straight leg was positive and Lasegue test was positive. 03/04/2013 - MRI lumbar spine has revealed: 1. L4-L5 moderate spondylosis with a 5 mm central disc extrusion. This does not efface the budding L5 nerve roots, but, there is moderate central canal stenosis and moderate bilateral neural foraminal stenosis. 2. L3-L4 mild spondylosis and a 4 mm central and left paracentral disc protrusion with moderate left canal stenosis and moderate bilateral neural foraminal stenosis. 3. L2-L3 mild spondylosis with a 3 mm broad-based disc bulge and annular fissure with mild to moderate central canal stenosis and mild bilateral neural foraminal stenosis. 4. Minimal bilateral facet degeneration and hypertrophy at L3-L4 and L4-L5. Diagnosis: Post Laminectomy syndrome. On 4-24-14 Dr. Watkins recommended to treat the patient aggressively, non-operatively with Indocin, an epidural injection and back to physical therapy. UR determination for lumbar epidural steroid injection at L3-L4 and L4-L5 was denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-L4 and L4-L5: 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 INJECTION Page(s): 46.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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 this case, there is no clear evidence of radicular pain. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as Therefore, the medical necessity of the request for ESI is not established.