

Case Number:	CM14-0066871		
Date Assigned:	06/27/2014	Date of Injury:	02/17/2010
Decision Date:	08/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old male who has submitted a claim for degenerative disc disease, bilateral foraminal stenosis, and lumbar disc disease, status post L4-L5 posterior lumbar interbody fusion; associated with an industrial injury date of 02/17/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the bilateral leg in an L5 pattern. Physical examination showed tenderness across the lumbosacral junction, extending into both buttocks. Range of motion was limited by pain. Motor testing was normal. Radiating dysesthesias were noted in the bilateral lower extremities in an L5 pattern. MRI of the lumbar spine, dated 12/03/2013, showed moderate bilateral neural foraminal narrowing at the level of L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injection, and surgery as stated above. Utilization review, dated 03/13/2014, denied the request for epidural steroid injection because there was no imaging evidence to corroborate clinical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to Bilateral Lumbar Spine (L4-L5): 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 injection, page 46 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, physical therapy, surgery, and epidural steroid injection. Physical examination showed dysesthesias in an L5 pattern, and MRI of the lumbar spine, dated 12/03/2013, showed moderate bilateral neural foraminal narrowing. The patient has had previous ESI on July 2010, but there is no discussion regarding pain relief or functional improvement derived from it. The criteria for ESI have not been met. Therefore, the request for epidural steroid injection to bilateral lumbar spine (L4-L5) is not medically necessary.