

Case Number:	CM14-0068682		
Date Assigned:	07/14/2014	Date of Injury:	09/14/2012
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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 75-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of September 14, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain and discomfort rated 8-9/10. Physical examination findings showed limitation of motion of the lumbar spine; 2+ spasms at T12 to L5 paraspinal muscles bilaterally; hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature, with tenderness along the dermatome level at L3-L4 and L4-L5. MRI of the lumbar spine obtained on May 16, 2014 showed small disc extrusion measuring 14 x 6mm at L1-2 which courses in a cephalad direction behind the L1 vertebral body causing mild mass effect on the thecal sac, without spinal canal or neural foraminal stenosis; degenerative changes at L3-4 with a mild anterolisthesis rendering mild to moderate spinal canal and bilateral neural foraminal stenosis; and degenerative changes at L4-5 rendering mild-to-moderate spinal canal and bilateral neural foraminal stenosis. EMG of the lower extremities done on May 28, 2014 did not show any electrophysiological evidence of acute and/or ongoing denervation. NCV of the lower extremities performed on January 2, 2013 showed abnormal results stating this is secondary to proximal radiculopathy of sensory nerve roots at L5-S1. The diagnosis was lumbar spine strain/sprain with positive MRI for herniated lumbar disc with radiculitis/radiculopathy. Treatment plan recommends lumbar epidural steroid injection at L3-4 and L4-5 with epidurogram. Treatment to date has included oral and topical analgesics, physical therapy, and chiropractic therapy. Utilization review from April 29, 2014 denied the request for lumbar epidural steroid injection x2 at L2-3, L3-4, L4-5 and L5-S1 with epidurogram. There is insufficient objective documentation of radicular pain on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural based steroid injection x2 at L2-3, L3-4, L4-5 and L5-S1 with epidurogram: 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 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; no more than two nerve root levels should be injected using transforaminal blocks; and no more than one interlaminar level should be injected at one session. In this case, physical examination findings of radiculopathy were corroborated by MRI and electrodiagnostic studies. However, there was no objective evidence of failure of other conservative treatment to manage pain. Moreover, the request includes injection to 4 lumbar spine levels which exceeds the guideline recommendation. The guideline recommends injection of no more than one interlaminar level, and no more than two nerve root levels using transforaminal blocks. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Lumbar epidural based steroid injection x2 at L2-3, L3-4, L4-5 and L5-S1 with epidurogram is not medically necessary.