

Case Number:	CM14-0071906		
Date Assigned:	07/16/2014	Date of Injury:	10/15/2012
Decision Date:	09/30/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 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:

This is a 42 year old male with a 10/15/12 injury date. He was changing the bearing in a machine and felt immediate severe pain in his lower back. In a follow-up on 3/26/14, subjective complaints included sharp and aching lower back pain with left lower extremity tingling and numbness. The pain was 50% axial and 50% radicular. Medication and rest relieve the pain by 60%. He is working with a lifting limitation of 20 pounds. Objective findings included limited lumbar range of motion in all planes, tenderness over the paraspinals, pain with facet loading, and normal motor/sensory/reflex exam. An MRI of the lumbar spine on 12/13/13 showed a 4 mm L2-3 left foraminal zone disc protrusion with moderate foraminal narrowing, a 3-4 mm L3-4 disc bulge associated with severe left and moderate right foraminal narrowing, and a minimal disc bulge at L4-5. Diagnostic impression: lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease. Treatment to date: medications, lumbar ESI (June 2013) with no relief, physical therapy, cane, aquatic therapy. A UR decision on 5/7/14 denied the request for lumbar ESI on the basis that a prior ESI did not relieve his symptoms and the request for a series of three injections is not supported in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION X3 UNDER FLUOROSCOPIC LEFT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS Guidelines does not support epidural injections in the absence of objective radiculopathy. In addition, MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, there is no objective evidence of radiculopathy and a prior ESI did not provide the patient with any relief. As such, the request is not medically necessary.