

Case Number:	CM14-0071959		
Date Assigned:	10/14/2014	Date of Injury:	07/04/2012
Decision Date:	11/13/2014	UR Denial Date:	04/28/2014
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 Emergency 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 had a reported date of injury on 7/4/2012. No mechanism of injury was documented in the provided progress notes. The patient has a diagnosis of musculo-ligamentous sprain/strain of lumbar spine and degenerative disk disease. Medical reports were reviewed with the last report available until 2/20/14. The progress notes provided are very brief and often hand written. The hand written notes are limited by various non-standard abbreviations and poor legibility. The patient complains of entire back pain mostly to mid and low back. Pain is 3-4/10. There was no radiation documented. Objective exam basically just documented decrease range of motion, tenderness to palpation to lumbar spine, bilateral sacroiliac joints, gluteal muscles and bilateral paracertebral regions. There is no neurodiagnostic reports provided for review. The patient has reported 2 prior ESI on 9/13 and 1/14. An MRI of lumbar spine (10/27/13) revealed L5-S1 disc desiccation, 6-7mm central/R paracentral disk protrusion causing moderate R lateral recess narrowing, mild central canal stenosis, mild bilateral neural foraminal narrowing, hypertrophic facet degenerative changes and L4-5 with 2mm broad based disc bulge with no narrowing or stenosis. Medications include Norco, Cyclobenzaprine, Naproxen, Omeprazole and Tramadol. Independent Medical Review is for lumbar epidural at L5-S1 under fluoroscopy. A prior UR on 4/28/14 was determined not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic lumbar epidural at L5-S1: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may be recommended if it meets criteria. Patient's exam and presentation is not consistent with radiculopathy with no noted straight leg raise, no radicular pain(no radiation) and no noted neurological deficits. MRI does not support radiculopathy with no noted nerve impingement and there is no EMG report supporting radiculopathy. This by itself would make LESI not recommended; however patient also fails basic criteria for ESI. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to give any reasoning for ESI. There is no noted long term plan. Fails criteria. 2) Unresponsive to conservative treatment. Patient has had noted treatment with multiple other injections with no proper documentation of response to those injections. The patient has reported prior acupuncture and physical therapy but no documentation of how many or results. Fails criteria. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8 weeks. Fails criteria. Patient had prior LESI but there is no documentation of response. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all criteria before ESI can be recommended. Patient fails to meet all basic criteria for LESI. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all basic criteria before ESI can be recommended. The treating physician has failed to document an exam consistent with radiculopathy, prior conservative measures, prior response to LESI and long term goal of treatment also fails to meet criteria. The request and documentation does not meet criteria and ESI is not medically necessary.