

Case Number:	CM14-0078045		
Date Assigned:	07/18/2014	Date of Injury:	06/11/2012
Decision Date:	09/24/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of June 11, 2012. A utilization review determination dated April 24, 2014 recommends non-certification of a lumbar epidural steroid injection at L5 - S1. A progress note dated April 2, 2014 identifies subjective complaints of neck pain and headache with left arm pain. The patient also complains of low back pain radiating into the left leg. The patient reports benefit of chronic pain medication maintenance regimen, activity restriction, and rest allow her to keep her pain within a manageable level to enable her to complete necessary activities of daily living. The patient is currently taking Tylenol occasionally. Physical examination identifies tenderness in the lower lumbar spine in the midline and in the paraspinal muscles, straight leg raise test is positive on the left, positive bilateral Patrick's sign, mild hypoesthesia and dysesthesia over posterior lateral arm and leg, motor strength is 5/5, and DTR is normal. Diagnoses include cervical degenerative disc disease, cervical radiculopathy consistent with C6 distribution, lumbar degenerative disc disease, lumbar radiculopathy consistent with S1 distribution, chronic cervical neck pain, and chronic lumbar back pain. The treatment plan recommends that the patient continued to use heat, ice, rest, and gentle stretching and exercise, a request for authorization for continued coverage of the patient's chronic pain medication maintenance regimen, a request for authorization for a lumbar epidural steroid injection at L5 - S1, and a request for authorization for a cervical epidural steroid injection at C5 - 6. An MRI of the lumbar spine dated December 14, 2013 reveals at L5 - S1 disc desiccation with minimal height loss, small broad-based disc bulge with central annular tear, no mass effect, and no canal or foraminal stenosis. The remaining levels are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for a lumbar epidural steroid injection at L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are non-specific subjective complaints supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, there is no documentation stating if the patient has tried and failed conservative treatment. In the absence of such documentation, the currently requested lumbar epidural steroid injection at L5-S1 is not medically necessary.