

Case Number:	CM14-0079744		
Date Assigned:	07/18/2014	Date of Injury:	01/09/2005
Decision Date:	08/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 65 year old male injured on 01/09/05 when he stepped on a piece of literature and slid resulting in low back injury. Prior treatments included five epidural steroid injections, Transcutaneous Electrical Nerve Stimulation (TENS) unit use, and medication management. Current diagnoses included chronic low back pain, lumbosacral radiculopathy, L4-5 disc protrusion, and degenerative disc disease. Clinical note dated 04/24/14 indicated the injured worker presented complaining of low back pain worse when sitting occasionally causing the injured worker to drag his left leg. The injured worker reported pain radiating to the left buttock into the left foot. Physical examination revealed tenderness to palpation across the low back into the buttocks bilaterally, limited range of motion, unable to extend his lumbar spine, trace reflexes at the knees and ankles bilaterally, lower extremities strength full bilaterally, sensation diminished along lateral aspect of left thigh, strength straight leg raise positive on left at 40 degrees, and pulses palpable. MRI of the lumbar spine on 11/25/13 revealed moderate disc desiccation with broad based disc bulge resulting in mild neural foraminal stenosis bilaterally at L4-5, L5-S1 broad based disc bulge. Official report was not provided for review. Medications included Prevacid, ranitidine, Lisinopril, Norco, pantoprazole. The initial request for lumbar epidural steroid injection under fluoroscopy, L4-5 #1 was non-certified on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under fluoroscopy, L4-L5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. 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. The documentation indicated the prior epidural steroid injections have been performed; however, there was no documentation of the injured worker's response to the injections. As such, the request for Lumbar Epidural Injection Under Fluoroscopy, L4-L5 QTY: 1 is not medically necessary.