

Case Number:	CM14-0083865		
Date Assigned:	07/21/2014	Date of Injury:	08/24/2012
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 34-year-old female with a reported date of injury on 08/24/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include multiple level lumbar disc protrusion, L4-5 and L5-S1 foraminal stenosis, and recurrent lower back and bilateral radicular pain and symptoms. Her previous treatments were noted to include medications, physical therapy, and epidural steroid injections. An MRI report dated 10/26/2012 revealed (1) no acute disc protrusion/extrusion, spinal stenosis, or nerve root impingement; (2) L5-S1 mild to moderate right neural foraminal stenosis, L4-5 mild bilateral neural foraminal stenosis, findings on the basis of the congenital small size of the spinal canal and facet arthropathy; (3) L3-4 mild diffuse annular bulge, and T11-12 minimal posterior disc protrusion. The progress note dated 05/05/2014 revealed the injured worker complained of low back pain as well as leg radiculopathy. The physical examination of the thoracolumbar spine noted mild tenderness to palpation on the paralumbar region to deep palpation. There was a positive straight leg raise sign bilaterally. The range of motion to the lumbar spine was noted to be flexion was to 60 degrees, extension was to 20 degrees, right/left lateral bending was to 15 degrees, and right/left rotation was to 25 degrees. The provider reported the injured worker would like to try her third epidural injection as she had significant improvement after the first 2 injections. The Request for Authorization Form was not submitted within the medical records. The request is for lumbar epidural injection L3-4 number 3 for low back pain and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION L3-L4 #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page 46 Page(s): 46.

Decision rationale: The injured worker has had 2 previous epidural steroid injections with significant results. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, 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 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding 50% pain relief with a reduction of medication use for 6 weeks to 8 weeks. The progress notes indicate the injured worker had a significant amount of pain relief; however, there is no documentation regarding a reduction in medication use or the length of time the pain relief lasted. Additionally, the request failed to indicate fluoroscopy for guidance. Therefore, the request is not medically necessary and appropriate.