

Case Number:	CM14-0087662		
Date Assigned:	07/23/2014	Date of Injury:	10/03/2013
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 44-year-old male who reported an injury on 10/03/2013. Prior therapies were noted to include medications and activity modification. The mechanism of injury was compressed sponge material weighing about 300 pounds came down and fell onto the injured worker. The surgical history was not provided. Diagnostic studies were noted to include an MRI of the cervical spine and an MRI of the lumbar spine. Additional prior treatments included physical therapy. The injured worker underwent x-rays. The surgical history was noncontributory. The medications included Norflex 100 mg, Prilosec 20 mg, Relafen 750 mg, Ultram ER 150 mg, and Terocin patches. The injured worker underwent electrodiagnostic studies on 04/02/2014 which revealed the injured worker had a smaller than expected left peroneal CMAP amplitude which was indicative of left chronic L5 radiculopathy, electromyographic indicators of acute lumbar radiculopathy were not seen. There was no electroneurographic evidence of entrapment neuropathy in the bilateral lower extremities. The injured worker's MRI of 02/20/2014 revealed at the level of L5-S1, there was a 2 mm to 3 mm posterior disc bulge effacing the ventral surface of the thecal sac resulting in bilateral neural foraminal narrowing. The central canal is congenitally stenosed and bilateral exiting nerve root compromise was seen. The physical examination of 03/10/2014 revealed the injured worker had complaints of chronic pain in the cervical and lumbar spine with radiation of pain to the upper and lower extremities bilaterally. The injured worker had decreased sensation with pain in the L5 and S1 dermatomes bilaterally. The treatment plan included a pain management consultation for a lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Overturned

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(s): page 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings upon physical examination of radiculopathy that are corroborated by imaging studies and/or electrodiagnostic studies. The injured worker's pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination, MRI, and EMG/NCV (electromyography/nerve conduction velocity). The documentation indicated the injured worker had undergone physical therapy and treatment with medications, including NSAIDs and muscle relaxants, and failed conservative therapy. The previous request was denied as there was a lack of documentation of a failure of conservative management. This request is now supported. Given the above, the request for lumbar epidural steroid injection at L5-S1 is medically necessary.