

Case Number:	CM14-0090374		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2007
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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 is a 47 year old male who was injured on 09/20/2007. The mechanism of injury is unknown. Prior treatment history included ibuprofen and physical therapy. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/20/2013 revealed disk desiccation with a 4 mm broad based right sided disk protrusion noted at the L5-S1 level, which flattens with ventral aspect of the thecal sac and encroaches upon the descending right S1 nerve root and left L5 nerve root. Progress report dated 04/22/2014 indicates the patient presented with complaints of pain and rated his pain as 3/10 at its best and 9/10 at its worse. On exam, there was radiculopathy on the left at L5 as evidenced by weakness with toe dorsiflexion. The patellar reflex was 1 bilaterally, Achilles 2, and toe dorsiflexion on the left is 5-. Hip extension on the left is 5-. The patient is diagnosed with lumbar spine pain, disc disorder with radiculopathy. The patient was recommended for transforaminal epidural steroid injection to the left at L4 and L5 to treat inflammation. Prior utilization review dated 05/20/2014 states the request for Lumbar Epidural Steroid Injection for Left L4-L5 Spine is denied, as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection for Left L4-L5 Spine: Upheld

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

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

Decision rationale: Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the IW has clinical evidence of left L5 radiculopathy, corroborated by the imaging evidence of left L5 and right S1 nerve roots impingement. The IW has previously tried physical therapy and NSAIDs. Therefore, the criteria for ESI are met. However, the requested level does not correlate with the clinical and imaging findings. The requested level is left L4-5 which corresponds to the left L4 nerve root; whereas, the clinical and imaging evidence are consistent with left L5 radiculopathy. Therefore, the request is considered not medically necessary.