

Case Number:	CM14-0090670		
Date Assigned:	07/23/2014	Date of Injury:	12/12/2003
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
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 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 patient with a date of injury of 12/12/03. A utilization review determination dated 6/2/14 recommends non-certification of lumbar epidural steroid injection. The 9/19/13 lumbar spine MRI report identifies L4-5 midline disc bulge indenting the anterior portion of the lumbosacral sac. Neural foramina are patent and lateral recesses are clear. At L5-S1, there is a right sided posterior extrusion of the nucleus pulposus indenting the extreme right portion of the lumbosacral sac causing compromise of the exiting neural foramen on the right displacing the L5-S1 nerve root on the right posteriorly. The left neural foramen is patent. The 3/14/14 medical report identifies greater than 80% pain relief with her current medications. Frequent pain and numbness in the bilateral lower extremities. On exam, there is limited ROM and multiple myofascial trigger points and taut bands. Sensation was decreased in the back of the right thigh and calf areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection, 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 on physical exam and imaging and/or electrodiagnostic testing. Within the documentation available for review, the subjective, physical exam, and imaging findings do not corroborate radiculopathy at the same nerve root level. Furthermore, the request does not specify the type of ESI(epidural steroid injection) (e.g. interlaminar, transforaminal, caudal, etc.) or the level(s) and side(s) proposed for injection and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.