

Case Number:	CM14-0091509		
Date Assigned:	07/25/2014	Date of Injury:	12/09/2008
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
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 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 54 year old male with a reported date of injury on 12/09/2008. The mechanism of injury was a slip on/down pole while he was descending. Also reported is a back injury on 11/13/2012 while lifting a modem. The injured worker's diagnoses included lumbar spine disc injury, lumbar spine radiculopathy, lumbar spine strains, and myofascial pain syndrome. The injured worker's previous treatments included medications, physical therapy, acupuncture and one epidural injection which he reported provided no help. The injured worker's diagnostic testing included a lower extremity EMG/NCV on 12/06/2013 which showed a mildly prolonged distal left superficial peroneal nerve, otherwise normal, no evidence of motor radiculopathy. An MRI dated of the lumbar spine was referred to but not provided for review. No pertinent surgical history was provided. The injured worker was evaluated on 02/06/2014. He complained of low back pain with radiation to the left hip, buttock, thigh, knee, calf, foot, and toes. The clinician observed and reported a positive straight leg raise on the left, decreased lumbar spine range of motion, and normal bilateral deep tendon reflexes, motor strength and sensation. On 05/29/2014 the injured worker was evaluated for his complaints of low back and left leg discomfort. The clinician observed and reported the injured worker's lower extremity strength as 5/5 with deep tendon reflexes of 2/2. The straight leg raise was positive on the left and there was decreased sensation to light touch in the left leg. The injured worker's medications included Mobic 7.5 mg twice per day, and Flexeril 10 mg twice per day. The request is for Lumbar Epidural Steroid Injection L5-S1 Bilateral for lumbosacral radiculopathy. The request for authorization form was submitted on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1 Bilateral: Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection L5-S1 Bilateral is not medically necessary. The injured worker complained of low back pain with radiation to the left lower extremity and was diagnosed with lumbar spine radiculopathy. On 05/29/2014 the clinician observed and reported the injured worker's lower extremity strength as 5/5 with deep tendon reflexes of 2/2 which was unchanged from the examination on 02/06/2014. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain. A second block is not recommended if there is inadequate response to the first block. 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 injured worker reported that a previous epidural injection provided no help. There is a lack of documentation which demonstrates that the injured worker had at least 50% pain relief with associated reduction of medication use for six to eight weeks. The provided documentation did not indicate the level at which the injection was previously performed. Additionally, the request does not include fluoroscopic guidance. Therefore, the request for Lumbar Epidural Steroid Injection L5-S1 Bilateral is not medically necessary.