

Case Number:	CM14-0097605		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2007
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas, and Oklahoma. 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 69-year-old male who reported an injury on 08/23/2007. The mechanism of injury was not provided in the medical records. His diagnoses include lumbago with bilateral radiculopathy. His previous treatments were noted to include medications and other unspecified pain management. On 05/16/2014, the injured worker presented with complaints of low back pain rated 6 to 7 out of 10. His physical examination was noted to reveal sensory deficits in L5 and S1 distribution in the right lower extremity, decreased motor strength in dorsiflexion to 4+ out of 5 in the left lower extremity and absent ankle reflexes bilaterally. His medications were noted to include Percocet, Tramadol, Norco, Flexeril and Lunesta. The treatment plan was noted to include bilateral facet rhizotomies at the L4-L5 and L5-S1 levels and a lumbar epidural steroid injection. The rationale for the lumbar epidural steroid injection was not provided in the medical records. The Request For Authorization form was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L4-L5 under fluoroscopic guidance: 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 injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection, L4-L5 under fluoroscopic is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections may be recommended to facilitate progression in a therapeutic exercise program when radiculopathy is documented on physical examination, corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the patient needs to have been initially unresponsive to conservative treatment including physical therapy, exercise, NSAIDs and muscle relaxants. The clinical information submitted for review indicated that the injured worker had low back pain, however he was not shown to have radiating symptoms into his lower extremities at his most recent. He was noted to have sensory deficits in the right lower extremity and motor deficits in the left lower extremity. However, the documentation did not include corroboration with an MRI report or electrodiagnostic study report. In addition, details regarding the patient's previous treatments were not provided including whether he has had an inadequate response to physical therapy, exercise, NSAIDs, and muscle relaxants. In addition, epidural steroid injections are recommended to facilitate progression in a therapeutic exercise program and the documentation does not indicate whether the injured worker would be recommended for a therapeutic exercise program following the request for injection. In the absence of evidence of radiculopathy documented on physical examination corroborated by diagnostic test, failure of initially recommended conservative treatment, and a treatment plan to include therapeutic exercise program following a requested injection, the request is not supported. As such, the request is not medically necessary and appropriate.