

Case Number:	CM14-0098893		
Date Assigned:	07/28/2014	Date of Injury:	05/09/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 male patient with a date of injury of May 9, 2013. A utilization review determination dated June 10, 2014 recommends non-certification of a lumbar epidural steroid injection L4 to S1 bilaterally X1. A progress note dated June 5, 2014 identifies subjective complaints of more regular vertigo, decreased headaches, neck pain, stiffness across right shoulder, increased low back pain, increased pins and needles in both heels, and right shoulder pain. The patient rates his low back pain at a 4/10, he reports continued numbness and tingling in the left hand and arm, and mild tingling in the right side. Physical examination of the lumbar spine identifies spasm, limited range of motion, painful range of motion, positive Lasegue bilaterally, straight leg raise is positive at 40 bilaterally, motor strength is noted at 4/5 bilaterally at EHL and FHL, decreased sensation bilaterally at L 4 - S 1, and pain is noted at L 4 - S 1. Diagnoses include cervical radiculitis, posttraumatic headaches, post-concussion syndrome, right shoulder impingement, lumbar strain, mid-level large syrinx, HNP C4 - 7, and status post cervical fusion. The treatment plan recommends refill of Norco 10/25 three times daily #90, refill of Anaprox DS twice-daily #60, refills of Prilosec 20 mg twice daily #60, request for authorization for a lumbar epidural steroid injection at L4 - S1 bilaterally x1 for radicular symptoms related to lumbar stenosis. An MRI of the lumbar spine done on July 13, 2013 identifies broad-based disc protrusion facet hypertrophy with bilateral neuroforaminal narrowing and posterior annular tear/fissure at L 4 - 5, central focal disc protrusion that abuts the thecal sac and the neuroforamina are patent at L5-S1, and a hemangioma is present at 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 L4 to S1 bilaterally times one: 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 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for lumbar epidural steroid injection at L4-S1 bilaterally times one, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Guidelines state that, no more than one interlaminar level should be injected at one session, no more than two nerve root levels should be injected using transforaminal blocks, and epidural injections are not recommended for radiculopathy related to spinal stenosis. Within the documentation available for review, there are no subjective complaints of radiculopathy in a specific dermatomal distribution. Also, the requesting physician clearly states that the lumbar epidural steroid injection request is to treat radiculopathy due to spinal stenosis; however, the patient's MRI does not reveal stenosis. Also, the guidelines do not recommend epidural steroid injections to treat spinal stenosis. Finally, the MRI does not support the diagnosis of lumbar radiculopathy at the L5-S1 level. As such, the currently requested lumbar epidural steroid injection at L4-S1 bilaterally times one is not medically necessary.