

Case Number:	CM14-0099242		
Date Assigned:	07/28/2014	Date of Injury:	08/06/2012
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
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 and is licensed to practice in California and Washington. 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 63-year-old female who reported an injury on 08/06/2012. The injured worker was noted to have a mechanism of injury described as twisting to avoid falling while walking through the parking lot. The injured worker's diagnoses were noted to be lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint arthralgia, and left knee medial meniscus tear. Prior treatments were medications. An MRI scan of the lumbar spine revealed grade 1 anterolisthesis of L4 on L5. At L4-5, there was a 4 mm left foraminal disc protrusion at the abutment of the exiting left L4 nerve root. There was also facet arthropathy in her lower lumbar spine. The injured worker's prior surgical history was not pertinent to the request. According to a Primary Treating Physician's Supplemental Report dated 12/11/2013, the injured worker complained of low back pain, which she rated on a pain scale at 8/10. She described her pain as sharp, stabbing, burning, and radiating to her buttocks and left thigh with spasms. She also complained of locking of her left hip. She stated that her legs give out in her knees, left side greater than right. She uses a cane. A physical examination on 12/03/2013 notes a diffuse tenderness to palpation over the paraspinal musculature. Moderate facet tenderness from L4 through S1. The sensory examination noted decreased sensation along the left L4 dermatome. The injured worker was noted to be using Norco and Tylenol for symptoms. The treatment plan consisted of an epidural steroid injection, continuation of current medications, continue a home electrical muscle stimulation unit, and undergo a urine drug screen. The rationale for the request was provided in a treatment plan dated 12/03/2013. The Request for Authorization for medical treatment was provided and dated 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI.

Decision rationale: The request for Lumbar spine epidural injection is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine states invasive techniques (local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a history and physical, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery. This treatment alone offers no significant long-term functional benefit. The criteria for an epidural steroid injection according to the Guidelines is (1) radiculopathy must be documented; (2) note unresponsive to conservative treatment of exercises, physical methods, NSAIDs, and muscle relaxants; and (3) injections should be performed using fluoroscopy for guidance. The Guidelines continue to recommend no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review lacks neurological findings of decreased reflexes, decreased strength, decreased myotome, and a positive straight leg raise. The documentation must have an official copy of an MRI to corroborate a diagnosis of radiculopathy. In addition, the provider's request fails to indicate the levels to be injected and use of fluoroscopy for guidance. Therefore, the request for Lumbar spine epidural injection is not medically necessary.