

Case Number:	CM14-0184592		
Date Assigned:	11/12/2014	Date of Injury:	10/26/2011
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 49-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 10/26/2011. Medical records from 2014 were reviewed. The patient complained of constant nagging pain in the lower back with intermittent sharp and shooting pain. The pain radiated to the left foot associated with numbness and weakness. Aggravating factors included standing, sitting and walking. She denied bowel or bladder dysfunction. Physical examination showed antalgic gait, paravertebral muscle spasm and tenderness, limited lumbar motion, positive straight leg raise test at the left, normoreflexia and normal muscle strength. The MRI of the lumbar spine, dated 3/22/2014, demonstrated disc desiccation and reduced height at L5-S1 with mild narrowing and encroachment of descending nerve roots. The EMG/NCV of bilateral lower extremities, dated 5/13/2014, was unremarkable. The official reports were not submitted for review. Treatment to date has included physical therapy, trigger point injection, bracing, TENS unit and medications. The utilization review from 10/27/2014 denied the request for lumbar ESI at L5-S1 x 2. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (epidural steroid injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of constant nagging pain in the lower back with intermittent sharp and shooting pain. The pain radiated to the left foot associated with numbness and weakness. Aggravating factors included standing, sitting and walking. She denied bowel or bladder dysfunction. Physical examination showed antalgic gait, paravertebral muscle spasm and tenderness, limited lumbar motion, positive straight leg raise test at the left, normoreflexia and normal muscle strength. The MRI of the lumbar spine, dated 3/22/2014, demonstrated disc desiccation and reduced height at L5-S1 with mild narrowing and encroachment of descending nerve roots. The EMG/NCV of bilateral lower extremities, dated 5/13/2014, was unremarkable. However, clinical manifestations are not consistent with radiculopathy. The official imaging reports were likewise not submitted for review. Moreover, there is no discussion why two sequential injections should be certified at this time when the succeeding ESI is contingent on the efficacy of the initial procedure. Therefore, the request for lumbar ESI at L5-S1 x 2 is not medically necessary.