

Case Number:	CM14-0195048		
Date Assigned:	12/02/2014	Date of Injury:	03/25/2013
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency Medicine 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 case involves an injured worker who reported an injury on 3/25/2013. Mechanism of injury was not noted. The patient has a diagnosis of lumbar radiculopathy, lumbar degenerative disease and lumbar spondylosis. Medical reports reviewed and last report available was dated 10/16/14. The patient complains of low back pain radiating down foot which the pain has worsened and now extends to left foot. The injured worker rated the pain was a 7/10. Objective exam revealed decreased lumbar range of motion with diffuse paraspinal spasms and trigger points, lumbar facet loading was positive bilaterally and straight leg was positive on left side. Prior epidural steroid injection (ESI) done on 4/10/14 provide 2 weeks of relief and additional LESI was requested for pain relief. The MRI of lumbar spine dated 11/10/14 revealed multilevel degenerative changes with mild central spinal stenosis and bilateral neural foraminal narrowing at L3-4 with mild bilateral neural foraminal narrowing at L4-5 and L5-S1. Medications include Soma, Tramadol and Naproxen. The patient has reportedly undergone physical therapy. Independent Medical Review is for Transforaminal lumbar epidural steroid injection at Left L3-4. Prior UR on 06/02/2014 and 11/5/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at left L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Based on the records, this patient does not meet the basic radicular criteria of LESI. There is no objective documentation or exam consistent with radicular pain in low back exam. There is documentation of pain with radiation but there is no sensory exam and no motor exam documented. There is no corroborating EMG/NCV reports provide to support diagnosis of radiculopathy. In addition, an ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain management. There is no long term plan. The patient is unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. The patient has only started on Lyrica and has 2 additional physical therapy sessions pending. Furthermore, MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. The relief only lasted for 2 weeks and the objective improvement was not documented. Based on the medical records and the guidelines, this patient does not meet multiple criteria for lumbar epidural steroid injection. Therefore, this request is not medically necessary.