

Case Number:	CM14-0197923		
Date Assigned:	12/08/2014	Date of Injury:	11/08/2011
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

The injured worker is a 57-year-old male who reported an injury on 11/08/2011. The mechanism of injury was lifting. His diagnoses included lumbar/lumbosacral degeneration. Past treatments included medications, epidural steroid injections, and physical therapy. Diagnostic studies included an EMG/NCV performed on 11/26/2012 which revealed moderate chronic L5 and S1 right radiculopathy. An MRI of the lumbar spine performed on 03/26/2014 revealed disc herniations: 4 mm at the L1-2, a 4.5 mm at L3-4, a 7 mm at L4-5, and 4 mm at L5-S1, disc desiccation at L1-2, L3-4, and L5-S1; facet hypertrophy at L4-5. There was no surgical history submitted for review. The progress note dated 10/28/2014 indicated the injured worker presented for a follow-up visit and complained of constant pain and ache in the lumbar spine. Physical examination revealed multilevel lumbar discogenic disease and stenosis, with the injured worker showing signs of L5 nerve root impingement on the right lower extremity and weakness in the extensor hallucis longus. It was also noted the injured worker had decreased sensation over the right lateral thigh and leg. Current medications were noted to include Lisinopril, Simvastatin, and Prilosec; dosage and frequencies were not specified. Also noted were Relafen 1 tablet twice a day as needed and Flexeril 1 tablet at bedtime as needed. The treatment plan included physical therapy and a home exercise program. The note also indicated the injured worker had completed 3 of 6 physical therapy sessions and missed his last 2 visits due to pain in the lumbar spine. The request was for lumbar spine epidural steroid injection; however, the rationale for the request and the Request for Authorization form were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy, which must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the injured worker should be initially unresponsive to conservative care including exercise, therapy, NSAIDS and muscle relaxants. They are usually performed under fluoroscopy. While it was indicated on physical examination that the injured worker was experiencing radiating pain into the lower extremity and decreased sensation, documentation failed to indicate significant neurological deficits. Additionally, the documentation submitted failed to provide evidence of recent trial and failure of conservative treatment. The request as submitted failed to include the levels and laterality for the injection. In the absence of this information, the request is not supported by the referenced guidelines. As such, the request for lumbar spine epidural steroid injection is not medically necessary.