

Case Number:	CM14-0197951		
Date Assigned:	12/08/2014	Date of Injury:	02/22/2011
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 02/22/2011. According to progress report dated 10/21/2014, the patient presents with constant moderate to severe low back pain, which radiates down his lower extremities to his feet with numbness and tingling. He notes pain intensity increases after prolonged sitting, standing, and/or walking. MRI of the lumbar spine from 07/09/2014 revealed 2 mm disk bulge with mild neuroforaminal stenosis at L3-L4. At the L4-L5 level, there is 2.9 mm disk bulge with mild neuroforaminal stenosis and at the L5-S1 level there is a 1.6 disk bulge with mild neuroforaminal narrowing. Examination of the lumbar spine revealed radiation of pain and paresthesia into the lower extremities. There is restricted painful range of motion in all directions. Straight leg raise test is positive bilaterally, right greater than left. Motor strength for the lower extremity is 5/5 bilaterally. The listed diagnoses are: 1. Cervical sprain. 2. Cervical radiculitis and spondylolisthesis. 3. Disk bulge/herniation in the cervical spine. 4. Bilateral shoulder sprain. 5. Sprain/strain of bilateral wrist. 6. Disk degeneration and protrusion of the lumbar spine. 7. Lumbar radiculitis. 8. Lumbar stenosis. The treating physician recommends 1-2 lumbar spine epidural injections at the L5-S1 level and possibly at the L4-L5 level. The utilization review denied the request on 11/06/2014. Treatment reports from 01/08/2014 through 10/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-2 Diagnostic phase lumbar epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI under its chronic pain section Page(s): 46,47.

Decision rationale: This patient presents with low back pain, which radiates down to his lower extremities to his feet with numbness and tingling. The current request is for 1-2 diagnostic phase lumbar epidural steroid injection L5-S1. The MTUS Guidelines has the following regarding ESI under its chronic pain section, pages 46 and 47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." It does not appear that this patient has trialed epidural steroid injections in the past. In this case, the patient does present with radicular symptoms and pain and paresthesia in the lower extremities with a positive straight leg rise. The MRI at L5/S1 revealed only mild disc bulge with mild neural foraminal narrowing. In this case, the treating physician has requested 1-2 epidural steroid injections at L5/S1. The documentation provided for review does not show MRI findings at L5/S1 to corroborate radiculopathy. Additionally, this request is for 1-2 injections and the MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief for 6-8 weeks so authorization of 2 injections is not supported. The current request is not medically necessary.