

Case Number:	CM14-0206632		
Date Assigned:	12/18/2014	Date of Injury:	10/14/2008
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 53 year-old male with a 10/14/2008 date of injury. According to the 7/23/14 orthopedic report, the patient presents with neck and back pain. His diagnoses include: status post hardware removal; lumbar spine degenerative disc disease, chronic low back pain, breakdown L3/4 with HNP annular tear; history of previous L4/5 fusion; C4/5 and C5/6 disc bulging. The physician states the patient "continues to be denied LESI and cervical facet blocks" The exam findings include: "Positive Lasegue on the right. Positive straight leg raise on the right at 60 degrees" The orthopedist requests right lumbar epidural injection at L3/4. On 11/7/14 utilization review recommended non-certification of a right lumbar epidural steroid injection at L3/4 because the reviewer did not see any physical exam findings to support the diagnosis of radiculopathy as required under MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided lumbar epidural steroid injection at L3-4: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The only available medical that discusses the lumbar epidural steroid injection at L3/4 is dated 7/23/14. This report states the LESI continues to be denied, which suggests there were prior requests, but these reports were not provided for this review. Additional records include 6/23/14 dental reports and 6/6/14 psychological reports, and 5/19/14 pain management report. The 7/23/14 orthopedic report states the patient has positive right SLR, but does not describe any specific dermatomal distribution of symptoms. There are no lumbar MRI reports available to support L3/4 radiculopathy. The 8/19/14 neurology QME report was provided for review. The neurologist does note that sensation is normal in the lower extremities bilaterally, but SLR was positive bilaterally. The QME did electrodiagnostic testing on 8/19/14 and found the patient had residual right L5/S1 radiculopathy. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states they are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The electrodiagnostic testing on 8/19/14 shows right L5/S1 radiculopathy which is not consistent with the orthopedists request for the L3/4 right-side epidural steroid injection. There are no clear radicular patterns described in a dermatomal distribution that would be consistent with MTUS criteria for the epidural injection. The request for the Right-sided lumbar epidural steroid injection at L3-4 is not medically necessary.