

Case Number:	CM14-0207807		
Date Assigned:	12/19/2014	Date of Injury:	03/27/2006
Decision Date:	02/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 47-year-old female who reported an injury on 03/27/2006. Mechanism of injury was due to her twisting her ankle while falling. The injured worker has a diagnosis of chronic pain syndrome, antalgic gait with an inability to dorsiflex or plantar flex on the left ankle, left ankle contracture, left L5 radiculopathy, left L4 radiculopathy, and myofascial pain syndrome. Past medical treatment consist of surgery, therapy, injections, and medication therapy. No medications were submitted for review. On 12/12/2013, the injured worker underwent electrodiagnostic study, which revealed L4 and L5 left radiculopathy. On 11/21/2014, the injured worker complained of low back pain, felt like burning, dull, aching sensation with numbness and cramping to the leg. She also stated that the worst pain she was feeling though was in the left ankle. The injured worker underwent injection at the left L4-5 which decreased her pain by 40% to 50% and improved her walking tolerance. Examination revealed an antalgic gait. There was pain with palpation at the quadrants labrum and a twitch response at the gluteus medius bilaterally. Medical treatment plan is for the injured worker to undergo additional left L4-5 epidural cortisone steroid injections. The provider feels that additional epidural steroid injection would benefit the injured worker. There are physical exam findings and electrodiagnostic studies consistent with lumbar radiculopathy. The provider feels additional injections are substantiated due to prior injections decrease pain 40% to 50% for greater than 6 months. Request for Authorization form was submitted on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 Epidural Corticosteroid Injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines state criteria for epidural steroid injections consist of radiculopathy being documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; be initially unresponsive to conservative treatment to include exercise, physical methods, NSAIDs, and muscle relaxants; injections should be performed using fluoroscopy for guidance; infused for diagnostic purposes a maximum of 2 injections should be performed. There should also be evidence of at least 50% decrease in pain associated with reduction in medication for at least 6 to 8 weeks. Guidelines also state that no more than 2 epidural steroid injection injections are recommended. It was noted on progress note dated 11/21/2014 that the injured worker had 40% to 50% pain decrease with prior epidural steroid injection. It was also noted electrodiagnostic study done on 12/12/2013 showed left L4 and L5 radiculopathy. However, diagnostic studies were not submitted for review, nor were there any physical findings of radiculopathy physical examination. Additionally, guidelines do not recommend no more than 2 epidural steroid injections. Furthermore, the request as submitted did not specify that the injections would be given under fluoroscopy for guidance. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.