

Case Number:	CM14-0209071		
Date Assigned:	12/22/2014	Date of Injury:	01/29/2012
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 30 year old female with a reported industrial injury on January 29, 2012,, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 20, 2014, for follow-up visit with primary treating physician. The presenting complaints included constant sharp low back pain radiating to bilateral legs to plantar. The physical exam of lumbar spine revealed paravertebral tenderness along the midline of spine without evidence of radiculopathy. The diagnostic studies have included Magnetic resonance imaging (MRI) lumbar spine on February 8, 2013 which showed L4-L5 disc desiccation and diminished disc height; 3-4 mm diffused posterior disc bulge with narrowing of the anterior thecal sac; bilateral facet arthropathy, posterior midsagittal annular tear, narrowing of the right neural foramen and L5-S1 disc desiccation and diminished disc height; 3-4 mm disc diffuse posterior disc bulge with narrowing of the anterior thecal sac and bilateral facet arthropathy, an X-ray of the lumbosacral spine on November 3, 2014 was normal. The medical treatment is left lumbar epidural injection with noted eighty-five percent improvement. Diagnoses are lumbar strain/sprain, lumbar multiple disc bulges, right and left wrist sprain/strain and left and right carpal tunnel. The treatment plan was to continue back brace, Naproxen, Prilosec, Tramadol and Menthoderm, Flexeril, Urine toxicology screen. On December 2, 2014, the provider requested left lumbar epidural steroid injection at L4-5 and :5-S1 number two, on December 2, 2014, the Utilization Review non-certified left lumbar epidural steroid injection at L4-5 and :5-S1 number two ,the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Epidural Steroid Injection at L4-5, L5-S1 #2: 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 Page(s): 46.

Decision rationale: This 30 year old female has complained of low back pain with radiation of the pain to the bilateral lower extremities since the date of injury. She has been treated with physical therapy, medications and epidural steroid injection. The current request is for left lumbar epidural steroid injection L4-5, L5-S1 #2. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a ?series-of-three? injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) and (7) above. Specifically, radiculopathy is not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and functional improvement was not demonstrated after the last injection. On the basis of the above MTUS guidelines and available provider documentation, left lumbar epidural steroid injection at L4-5 and L5-S1 #2 is not indicated as medically necessary.