

Case Number:	CM14-0210626		
Date Assigned:	12/23/2014	Date of Injury:	10/22/2009
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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 an injury date of 10/22/09. Based on the 12/18/14 progress report provided by treating physician, the patient complains of worsening back pain and the inability to stand up straight. Patient has no surgical history directed at this complaint. Physical examination dated 12/18/14 revealed tenderness to palpation and rigidity to the lumbar spine, reduced sensation to light touch and pinprick to the left lateral calf and bottom of foot. Range of motion was decreased, especially on extension. Straight leg test positive bilaterally at 80 degrees. The patient is currently prescribed Zorvolex, Dexilant, Ultracet, and Colace. Diagnostic imaging was not included with the report, although progress note dated 08/19/14 notes "I have an MRI that shows bulging disk at L5-S1 with nerve root compression and bulging disc at L4-L5." Patient is currently working. Diagnosis 12/18/14- Status post left knee arthroscopy x2- Right knee pain, possibly related to overload per AME evaluator- Lumbosacral sprain/strain- Left shoulder girdle sprain/strain The utilization review determination being challenged is dated 12/01/14. The rationale is: " A RFI was sent to document the level and side of the requested ESI. To date, there has been no response and the report is now due. The lack of available clinical information does not allow for an assessment of the medical necessity and the request is denied." Treatment reports were provided from 05/13/14 to 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (site unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's
Page(s): 46,47.

Decision rationale: The patient presents with worsening back pain and the inability to stand up straight. The request is for Epidural Steroid Injection (site unspecified). Physical examination dated 12/18/14 revealed tenderness to palpation and rigidity to the lumbar spine, reduced sensation to light touch and pinprick to the left lateral calf and bottom of foot. Range of motion was decreased, especially on extension. Straight leg test positive bilaterally at 80 degrees. The patient is currently prescribed Zorvolex, Dexilant, Ultracet, and Colace. Diagnostic imaging was not included with the report, although progress note dated 08/19/14 describes findings. Patient is currently working. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." This patient appears to present with mostly low back pain. Radiating leg symptoms are not well documented on the reports. Examination finding does show some sensory changes on the left side, but SLR is negative (noted positive at 80 degrees, which is not significant). More importantly, there was no MRI of L-spine provided for this review. The treater references a bulging disc with nerve root compression but this is not verified by a radiology report. Bulging discs typically do not cause nerve root problems unless they are of significant size causing spinal stenosis. Given the lack of a clear documentation of radiculopathy, the request is not medically necessary.