

Case Number:	CM15-0169293		
Date Assigned:	09/10/2015	Date of Injury:	06/12/2014
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on June 12, 2014. He reported injury to his left elbow, low back, buttocks and bilateral knees. The injured worker was diagnosed as having left elbow lateral epicondylitis, lumbar spine degenerative disc disease-stenosis, lumbar spine disc protrusion with moderate foraminal stenosis and left-sided lumbar spine radiculopathy. Treatment to date has included diagnostic studies, medication, topical cream, physical therapy, home exercises, cane and acupuncture treatment. On July 23, 2015, the injured worker complained of neck pain with reduced range of motion and painful movement. He also complained of constant low back and tailbone pain with radiation to the bilateral lower extremities. Range of motion was reduced and movement was noted to be painful. Physical examination of the lumbar spine revealed tenderness to palpation. The treatment plan included a lumbar epidural steroid injection and a left elbow injection. On August 17, 2015, utilization review denied a request for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 07/23/15 with neck pain and lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 06/12/14. Patient has no documented surgical history directed at these complaints. The request is for LUMBAR EPIDURAL STEROID INJECTION. The RFA is dated 08/06/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the anterior right shoulder, left elbow, and lumbar spine from L4 to S1 levels (left greater than right), bilateral gluteus muscles, and bilateral thighs. The provider also notes tenderness in the posterior aspect of the left knee. Physical examination dated 07/30/15 reveals positive straight leg raise bilaterally producing ipsilateral lower extremity pain in the lateral calf. The patient's current medication regimen is not provided. Diagnostic MRI of the lumbar spine was provided, significant findings include: "L3-4: left lateral disc protrusion extends slightly into the foramen measuring 3mm beyond the endplate, mild to moderate left lateral recess and foraminal stenosis, there is equivocal contact of the lateral course of the left L4 root in the lateral recess." Patient is currently not working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "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." 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. In this case, the treater is requesting a lumbar ESI for the management of this patient's chronic lower back pain. There is no evidence in the records provided that this patient has undergone any lumbar ESI's to date. Per visit dated 07/23/15, the provider documents subjective complaints of radiculopathy in the both lower extremities. Physical examination dated 07/30/15 also notes neurological findings of positive straight leg raise testing bilaterally, producing referred pain in the lateral calves. However, diagnostic MRI dated 09/10/14 only show foraminal stenosis and nerve root abutment at the L3-L4 levels on the LEFT side. The MRI findings do not correspond to the exam and subjective complaints. The patient does not present with LEFT sided L4 or L3 radicular symptoms, but rather, bilateral leg pains. Given the lack of a clear diagnosis of radiculopathy, the request IS NOT medically necessary.