

Case Number:	CM15-0029611		
Date Assigned:	02/23/2015	Date of Injury:	01/13/2014
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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, Hawaii
 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 35-year-old male, with a reported date of injury of 01/13/2014. The diagnoses include lumbar disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, and lumbar neuritis/radiculitis. Treatments have included a computerized tomography (CT) scan of the lumbar spine on 01/15/2015; oral medications; an MRI of the lumbar spine on 03/07/2014; and electrodiagnostic studies of the lower extremities on 07/07/2014. The progress initial orthopedic evaluation dated 12/27/2014 indicates that the injured worker complained of frequent low back pain, with numbness and radiation to the legs, and rated 6 out of 10 while resting and 8 out of 10 with activities. The pain was associated with numbness, locking, and swelling. The injured worker's activities of daily living were severely affected due to this pain. An examination of the low back showed tenderness, guarding, and spasm noted in the paravertebral and glutei region bilaterally; positive bilateral seated straight leg raise test; positive heel walk and rolling of the hips test with pain; and restricted range of motion due to pain. The treating physician requested a lumbar epidural steroid injection at unspecified levels due to continued low back pain. On 01/21/2015, Utilization Review (UR) denied the request for a lumbar epidural steroid injection at unspecified levels, noting that the neurological examination was within normal limits; there was no indication of any specific radicular pattern to pain or symptoms as well as objective findings; and no evidence of neural compression. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at unspecified level(s): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral leg. The current request is for Lumbar epidural steroid injection at unspecified level(s). The treating physician report dated 12/22/14 (64B) states, "I am requesting an authorization for lumbar epidural steroid injection." The report goes on to state, "MRI of the lumbar without GAD was performed on March 7, 2014 demonstrated a 2-3 mm broad-based disc bulge at the L5-S1 level. A 3 mm central disk protrusion is seen. The disk is desiccated at the L3-L4 level, with a 2 mm broad-based disk bulge. The joint lines are also not seen well and they appear to be fused." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Medical reports provided, do not show that the patient has received a previous ESI of the lumbar spine. In this case, the patient presents with low back pain that radiates to the bilateral leg, and symptoms are corroborated by imaging studies. While it is possible that the current request is medically necessary it does not specify what level(s) are to be injected and therefore does not satisfy the MTUS guidelines. Recommendation is for denial.