

Case Number:	CM15-0048369		
Date Assigned:	03/20/2015	Date of Injury:	04/15/2012
Decision Date:	05/01/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/13/2015

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 24 year old female who sustained an industrial injury on 4/15/12 when a box fell 10 to 12 feet and landed on her head. She experienced loss of consciousness. In addition she experienced neck, mid and low back pain. She had a computed tomography of her head and neck which was normal; neurodiagnostic studies (9/24/12 and 10/8/13) were normal. She currently complains of constant low back pain with radiation down the right leg to the foot with numbness and tingling in the right leg. Medications include naproxen, pantoprazole and Tramadol. Diagnoses include cervical disc protrusion C5-6 and C6-7 with radiculopathy; lumbar radiculopathy secondary to disc protrusion. Treatments to date include medications, exercises, chiropractic therapy with improvement, medications, physical therapy. Diagnostics included neurodiagnostic studies of the lower extremities; MRI's of the cervical., thoracic and lumbar spine (10/21/12 and 11/11/13); repeat lumbar MRI 2014; x-rays lumbar spine 1/28/15. In the progress note dated 1/22/15 the treating provider's plan of care included a trial of 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:

Trail of lumbar epidural injections Qty 1.00: Overturned

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

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

Decision rationale: The patient presents with low back pain with radiation down the right leg to the foot with numbness and tingling in the right leg. The request is for a TRIAL OF LUMBAR EPIDURAL STEROID INJECTION QTY: 1. The RFA provided is dated 02/03/15 and the date of injury is 04/15/12. The diagnoses per 01/22/15 report included cervical disc protrusion C5-6 and C6-7 with radiculopathy; lumbar radiculopathy secondary to disc protrusion. Physical examination to the lumbar spine revealed slight tenderness and straight leg raise test is positive bilaterally. The patient is able to forward bend 60 degrees. The MRI of the lumbar spine performed on 01/27/14 revealed L4-5 broad-based disc bulge measuring 2-3mm with slight bilateral facet arthropathy. At L5-S1 there is a right foraminal disk protrusion measuring 4mm and demonstrating a small annular tear. A broad-based disc bulge measure 2mm. There is slight facet arthropathy with fluid noted in the facet joints. There is a large cyst lesion within the pelvis demonstrating multiple smaller cysts within the left side of the lesion. The patient is temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."; and 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. Per progress report 01/22/15 treater states, "I am recommending a trial of lumbar epidural injection." In this case, patient presents with radicular symptoms and has a diagnosis of radiculopathy. Medical records provided do not show prior ESI to the lumbar spine. MRI of the lumbar spine performed on 01/27/15, revealed moderate to severe foraminal disk protrusion and broad-based disk bulges on different levels. Treater has not specified location and level to be injected. A trial of ESI would be reasonable to address the patient's radicular symptoms. The request IS medically necessary.