

Case Number:	CM15-0085245		
Date Assigned:	05/07/2015	Date of Injury:	03/28/2014
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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(n) 53-year-old female, who sustained an industrial injury on 3/28/14. She reported pain in her lower back related to cumulative trauma. The injured worker was diagnosed as having lumbar radiculopathy, lumbar spine herniated nucleus, bilateral ankle sprain and bilateral foot sprain. Treatment to date has included a lumbar MRI that shows a 4mm disc protrusion with an annular tear at level L4-L5. As of the PR2 dated 4/14/15, the injured worker reports persistent, moderate pain in her lumbar spine, which radiated through her bilateral hips through her legs to her feet. Objective findings include limited lumbar range of motion and tenderness to palpation more over the right than left paravertebral muscles. The treating physician requested a lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The 53-year-old patient complains persistent, moderate pain in the lumbar spine that radiates through her bilateral hips to her legs and her feet, as per progress report dated 04/14/15. The request is for lumbar epidural steroid injection l4-5. The RFA for the case is dated 04/14/15, and the patient's date of injury is 03/28/14. Diagnoses, as per progress report dated 04/14/15, included lumbar spine pain, lumbar spine sprain, lumbar spine radiculopathy, lumbar spine herniated nucleus pulposus, sciatica, trochanteric bursitis, hip pain, bilateral ankle pain, bilateral ankle sprain, and bilateral foot sprain. The patient has been allowed to return to full duty, as per the same progress report. 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." In this case, only one progress report dated 04/14/15 has been provided for review, and it does not document prior lumbar ESI. The treater is requesting for the injection "for relief of patient's symptoms." However, in the same report, the treater states that EMG/NCV of bilateral lower extremities, dated 10/07/14 prior to date of injury, was normal. MRI of the lumbar spine, dated 10/22/14 prior to date of injury, revealed disc protrusion with annular tear at L4-5, but there was no documentation of nerve root impingement. No recent imaging studies were provided for review. Additionally, the treater does not discuss any exam findings showing radiculopathy. MTUS requires documentation of radiculopathy by physical examination and corroborating imaging studies for ESI. Hence, the request is not medically necessary.