

Case Number:	CM14-0110915		
Date Assigned:	08/01/2014	Date of Injury:	07/28/2011
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 36 year old female with a reported date of injury on 07/28/2011. The mechanism of injury was lifting a cart. The injured worker's diagnoses included right sciatica, L5-S1 disc protrusion and foraminal stenosis, and lumbar radiculitis. The injured worker's past treatments included medications, chiropractic treatment, and an epidural steroid injection. The injured worker had an MRI of the lumbar spine on 10/15/2011 which revealed disc degeneration, a bulge and a herniated disc at L4-5. No pertinent surgical history was provided. On 05/27/2014 the injured worker was evaluated for low back pain with radiation down both legs especially the right. He reported the pain went down his right posterior leg down to the sole of his foot with some associated numbness. The clinician observed and reported lumbar spine range of motion allowing for 70 degrees of flexion at the hips, extension of 20 degrees and lateral flexion of 30 degrees bilaterally. The straight leg raise was positive on the right. Weakness to the right gastrocnemius muscle was noted. Sensation and deep tendon reflexes were intact. An MRI of the lumbar spine was ordered. The injured worker was evaluated on 07/01/2014 for complaints of low back pain that radiated down the right leg. The clinician observed and reported flexion of the lumbar spine measured at 45 degrees. The neurologic sensory examination of the lower extremities was intact. Unmeasured weakness of the right calf was noted and the straight leg raise was positive on the right. The injured worker's medications included Flexeril, Naprosyn, gabapentin, and omeprazole. The request was for Lumbar epidural steroid injection for sciatica. The request for authorization form was submitted on 06/26/2014.

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 Treatment Guidelines Epidural steroid injections. Page(s): 46.

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

Decision rationale: The injured worker complained of low back pain that radiated down the right leg. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance, and suggest a second epidural injection if partial success is produced with the first injection. The treatment plan was for a lumbar epidural steroid injection for L5-S1 radiculopathy on the right. The most recent MRI was not provided for review; however, the MRI from 10/15/2011 revealed disc degeneration, a bulge and a herniated disc at L4-5. There is a lack of documentation of a current trial and failure of physical therapy or a home exercise program was provided. The injured worker had a previous epidural steroid injection; however, there was no documentation provided to show reduction of pain, significant objective functional improvement, reduction in pain medication, or the duration of the results. Additionally, the request did not provide the level for the injection or a request for fluoroscopic guidance. Therefore, the request for Lumbar epidural steroid injection is not medically necessary.