

Case Number:	CM14-0116321		
Date Assigned:	09/19/2014	Date of Injury:	08/28/2002
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation 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:

This is a 64 year old male with a 8/28/2002 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/2/14 noted subjective complaints of low back pain with numbness in the legs. Objective findings included lumbar tenderness, painful range of motion (ROM), and diminished sensation L5-S1, and positive SLR on the left. MRI lumbar spine 7/07 showed 3 mm disc bulge at L5-S1 contacting the exiting right L5 nerve root and there is moderate foraminal narrowing on the right. A 9/2/14 progress report documents prior ESI with greater than 70% relief over 6 months. It notes failure of conservative therapy including home exercise and physical therapy. Diagnostic Impression: lumbar strain Treatment to Date: physical therapy, medication management, prior epidural steroid injection (ESI). A UR decision dated 7/1/14 denied the request for epidural steroid injection at L5-S1. There is no clear documentation of radiculopathy. There was noted to be only transient relief with 3 previous lumbar ESI without objective documented pain or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There is documentation of both objective findings on physical examination as well as the MRI which are highly suggestive of specific L5 nerve root pathology. There is documentation of recent conservative treatment. Additionally, there is documentation of prior ESI resulting in 70% pain relief lasting over 6 months. Guideline criteria have been met. Therefore, the request for epidural steroid injection at L5-S1 was medically necessary.