

Case Number:	CM14-0123553		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2013
Decision Date:	10/21/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 64-year-old female who reported an injury on 04/09/2013 while working as an instructor doing some training. She twisted her low back. Diagnoses were displacement of lumbar intervertebral disc without myelopathy, and lumbago. Past treatments were physical therapy and epidural steroid injection. Diagnostic studies were EMG/NCV with no abnormalities. MRI revealed disc desiccation at all levels. At the L1-2, there was mild disc narrowing with a 2 mm posterior disc bulge. At the L2-3, there was mild disc narrowing and a 3 mm posterior disc bulge and a mild thecal sac narrowing. There was moderate right and mild left neural foraminal narrowing. At the L3-4, there was a 3 mm posterior disc bulge with mild thecal sac narrowing and moderate left neural foraminal narrowing. At the L4-5, there was moderate disc narrowing with a 6 mm posterior disc bulge causing moderate to severe thecal sac narrowing, mild right and moderate to severe pain left neural foraminal narrowing. At the L5-S1, there was moderate disc narrowing with a 5 mm posterior disc bulge. There was moderate right and severe left neural foraminal narrowing. Multilevel facet hypertrophy and ligamentum flavum thickening was seen contributing to neural foraminal narrowing. The physical examination on 07/10/2014 revealed that the injured worker had attended physical therapy without relief of symptoms, as well as a lumbar epidural injection which only provided 20% relief. It was reported that the injured worker was administrated an ultrasound guided trigger point injection to the lumbar spine. Medications were not reported. Treatment plan was for lumbar epidural steroid injection. The rationale and Request for Authorization were not submitted.

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-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The decision for lumbar epidural steroid injection L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule guidelines recommend for a epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or diagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. For repeat epidural steroid injections, there should be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Medications for the injured worker were not reported. The injured worker had a previous epidural steroid injection with only a reported 20% pain relief. There was no radiculopathy present by physical examination on the lumbar spine. There are neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. The clinical information submitted for review does not provide evidence to justify a lumbar epidural steroid injection at the L4-5. Therefore, this request is not medically necessary.