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| Case Number: | CM14-0125084 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 06/12/2012 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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 50 year-old patient sustained an injury on 6/12/12 from a fall off scaffold while employed by [REDACTED]. Request(s) under consideration include Lumbar epidural steroid injection L3-L4 x2. Diagnoses include L3-4 HNP. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. MRI of lumbar spine on 7/30/12 showed 5 mm disc protrusion with annular tear at T12-L1 without neural foramina compromise or nerve impingement; L3-4 with left 4 mm disc osteophyte complex with canal and neural foramina compromise. Repeat MRI of lumbar spine dated 6/17/14 showed no evidence of previous 5 mm disc protrusion at T12-L1; L3-4 had left-sided disc protrusion with mild displacement of left L4 nerve root. Report of 12/10/13 from the provider noted patient with chronic symptoms of neck, right shoulder, and lower back. Exam showed lumbar spine with tenderness over right SI joint, right side paralumbar spasm with negative SLR bilaterally; DTRs 2+ symmetrically; 5/5 motor strength bilateral lower extremities with normal dermatomal pattern to pin prick and deep touch. X-rays of lumbar spine showed no defects, no disc space narrowing and no degenerative change. Report of 1/7/14 from the provider noted the patient with continued ongoing low back problems with pain whenever he bends over; neck pain improved somewhat with Soma. No objective findings documented; only noting "unchanged." Treatment included prescription of Tramadol and Soma with set up for LESI. Peer review had non-certified LESI on 2/4/14 and 3/14/14. Report of 6/24/14 from the provider noted the patient with LBP with radiation. Exam noted +MRI, normal reflexes. Diagnosis was L3-4 HNP with treatment for LESI x2 and medication refills. The patient remained off work and TTD status. The request(s) for Lumbar epidural steroid injection L3-L4 x2 was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L3-L4 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: This 50 year-old patient sustained an injury on 6/12/12 from a fall off scaffold while employed by [REDACTED]. Request(s) under consideration include Lumbar epidural steroid injection L3-L4 x2. Diagnoses include L3-4 HNP. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. MRI of lumbar spine on 7/30/12 showed 5 mm disc protrusion with annular tear at T12-L1 without neural foramina compromise or nerve impingement; L3-4 with left 4 mm disc osteophyte complex with canal and neural foramina compromise. Repeat MRI of lumbar spine dated 6/17/14 showed no evidence of previous 5 mm disc protrusion at T12-L1; L3-4 had left-sided disc protrusion with mild displacement of left L4 nerve root. Report of 12/10/13 from the provider noted patient with chronic symptoms of neck, right shoulder, and lower back. Exam showed lumbar spine with tenderness over right SI joint, right side paralumbar spasm with negative SLR bilaterally; DTRs 2+ symmetrically; 5/5 motor strength bilateral lower extremities with normal dermatomal pattern to pin prick and deep touch. X-rays of lumbar spine showed no defects, no disc space narrowing and no degenerative change. Report of 1/7/14 from the provider noted the patient with continued ongoing low back problems with pain whenever he bends over; neck pain improved somewhat with Soma. No objective findings documented; only noting "unchanged." Treatment included prescription of Tramadol and Some with set up for LESI. Peer review had non-certified LESI on 2/4/14 and 3/14/14. Report of 6/24/14 from the provider noted the patient with LBP with radiation. Exam noted +MRI, normal reflexes. Diagnosis was L3-4 HNP with treatment for LESI x2 and medication refills. The patient remained off work and TTD status. The request(s) for Lumbar epidural steroid injection L3-L4 x2 was non-certified on 7/15/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific defined radicular symptoms or neurological deficits to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions or failed conservative care to support for pain procedure. Criteria for the epidurals have not been met or established. The Lumbar Epidural Steroid Injection L3-L4 x2 is not medically necessary and appropriate.