

Case Number:	CM14-0142401		
Date Assigned:	09/10/2014	Date of Injury:	11/05/2013
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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:

Patient is a 57-year-old male who has submitted a claim for lumbar disc displacement, lumbar spine sprain/strain, thoracic spine sprain/strain, cervical degenerative changes, and left wrist contusion associated with an industrial injury date of 11/5/2013. Medical records from 2014 were reviewed. The patient complained of low back pain, rated 5 to 6/10 in severity, radiating to the left lower extremity, associated with numbness. Aggravating factors included prolonged sitting and standing. Physical examination of the lumbar spine showed restricted motion, stiffness, and tenderness. Supine straight leg raise test resulted to localized pain at the lumbar spine. Reflexes, strength and sensation of bilateral lower extremities were intact. MRI of the lumbar spine, dated 1/28/2014, showed moderate discogenic degeneration with degenerative end plate changes at L4 to L5 level. There was a broad based disc bulge at this level causing bilateral foramina narrowing. At L2 to L4, there was a central and right paracentral disc herniation. There was noted facet arthropathy throughout from the L2 to S1 level. Treatment to date has included lumbar traction to home, chiropractic care, physical therapy, and medications. Utilization review from 8/15/2014 denied the request for out-patient lumbar ESI's (Epidural Steroid Injections) at L3-4 & L4-5 levels because of no documented radiculopathy on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient Lumbar ESI's (Epidural Steroid Injections) at L3-4 & L4-5 levels: Upheld

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

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of low back pain, rated 5 to 6/10 in severity, radiating to the left lower extremity, associated with numbness. Physical examination of the lumbar spine showed restricted motion, stiffness, and tenderness. Supine straight leg raise test resulted to localized pain at the lumbar spine. Reflexes, strength and sensation of bilateral lower extremities were intact. MRI of the lumbar spine, dated 1/28/2014, showed moderate discogenic degeneration with degenerative end plate changes at L4 to L5 level. There was a broad based disc bulge at this level causing bilateral foramina narrowing. At L2 to L4, there was a central and right paracentral disc herniation. There was noted facet arthropathy throughout from the L2 to S1 level. Symptoms persisted despite chiropractic care, physical therapy and medications. However, clinical manifestations were not consistent with radiculopathy to warrant ESI. Guideline criteria for ESI were not met. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Out-patient Lumbar ESI's (Epidural Steroid Injections) at L3-4 & L4-5 levels was not medically necessary.