

Case Number:	CM14-0145327		
Date Assigned:	09/12/2014	Date of Injury:	03/13/2014
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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:

Patient is a 47-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of 03/13/2014. Medical records from 2014 were reviewed. Patient complained of low back pain. Physical examination revealed tenderness over the paraspinal musculature of the lumbar spine. Tenderness was also noted over the quadratus lumborum. The lumbar spine had decreased range of motion and straight leg raise test was positive bilaterally. MRI of the lumbar spine dated 07/18/2014 showed the following: 1. Annular tear with a 3-4mm broad posterior disc protrusion L5-S1 without evidence of spinal stenosis or neuroforaminal narrowing. 2. Disc bulge with an annular tear and a 3mm left foraminal disc protrusion at L4-L5 but without evidence of spinal stenosis or neuroforaminal narrowing. 3. 5-6mm disc bulge at L3-L4 without evidence of spinal stenosis or neuroforaminal narrowing. 4. 4mm disc bulge at L2-L3 without evidence of spinal stenosis or neuroforaminal narrowing. 5. Mild bilateral facet arthropathy at L5-S1. Treatment to date has included oral medications and prior epidural steroid injections. Utilization review from 08/22/2014 denied the request for Bilateral Epidural Steroid Injection at the L4-L5 because the medical records submitted did not include discussion of efficacy or duration of effect of prior lumbar injection. Furthermore, considering the lack of equivocal evidence of lumbar radiculopathy on exam and lack of neural impingement on MRI, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral epidural steroid injection at the L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. 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 complains of chronic low back pain. Physical examination reveals positive straight leg raise test bilaterally. However, an MRI of the lumbar spine dated 07/18/2014 showed no evidence of spinal stenosis or neuroforaminal impingement in all levels. Additionally, the patient has had a prior epidural steroid injection but medical records did not include documentation. There is a lack of evidence suggesting prior relief from previous ESIs. Therefore, the request for Bilateral Epidural Steroid Injection at the L4-L5 is not medically necessary.