

Case Number:	CM14-0145705		
Date Assigned:	09/12/2014	Date of Injury:	03/24/2014
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 57 year old male who reported an injury on 03/24/2014 due to a motor vehicle accident. Diagnoses included cervical strain and lumbar strain. The past medical treatment included medications, chiropractic treatment. Diagnostic testing included an magnetic resonance imaging (MRI) of the cervical and lumbar spines on 06/30/2014 and an MRI of the lumbar spine which revealed degenerative disease with borderline central stenosis at L2-L3 and L3-L4, mild to moderate central stenosis at L4-L5, multilevel facet joint hypertrophy was greatest at L4-L5, there was bilateral L5 lateral recess stenosis due to disc bulging, spondylolisthesis, and degenerative posterior element disease. Surgical history was not provided. The injured worker complained of pain to the lower back rated 6-7/10 on 08/19/2014. The injured worker described the pain to his lower back as occasionally radiating to the left gluteus, calf, and foot with a burning type sensation in the distal regions, symptoms worsened with bending, lifting, or walking and are relieved with recumbency. The physical examination revealed lumbar spine range of motion showed 50 degrees of flexion and 15 degrees of extension; both caused local discomfort. The medications included Naproxen, and Tramadol. The treatment plan was for a lumbar epidural steroid injection at left L5. The provider recommended the left L5 epidural injection due to this being the side and level of work aggravated lateral recess stenosis, the purpose of the injection is to reduce inflammation at the site such that left sciatica resolves or improves such that this individual may return to full duty. The request for authorization form was 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 at Left L5: Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection at Left L5 is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination. The documentation failed to provide evidence of any previous failed aggressive conservative therapy. Additionally, the guidelines recommend the use of fluoroscopic guidance for epidural steroid injections; however, the submitted request does not indicate whether fluoroscopy will be used. Therefore, the request for the Lumbar Epidural Steroid Injection for left L5 is not medically necessary.