

Case Number:	CM14-0153203		
Date Assigned:	09/23/2014	Date of Injury:	12/10/2013
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 62-year-old female who has submitted a claim for bilateral lumbosacral radiculopathy associated with an industrial injury date of 12/10/2013. Medical records from 2014 were reviewed. The patient complained of low back pain, left more than the right. Pain is associated with tingling and numbness. Physical examination revealed limited range of motion of the lumbosacral region. Sensation is intact to light touch and pinprick in all dermatomes. Deep tendon reflexes of the bilateral lower extremities are 2+. An MRI of the lumbar spine dated 01/28/2014 revealed L2-L3, L3-L4, L5-S1 moderate to severe bilateral foraminal stenosis with moderate narrowing of lateral recesses and mild to moderate central canal stenosis. Treatment to date has included oral medications, acupuncture and lumbar steroid injections (dated 06/06/2014). Utilization review date of 09/04/2014 denied the request for lumbar epidural corticosteroid injection because reviewer was unable to determine if the patient has responded or not to conservative care but the suggestion is that he had not improved significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural corticosteroid injection: 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 injection Page(s): 46.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, Patient complained of low back pain, left more than the right. Pain is associated with tingling and numbness. Physical examination revealed limited range of motion of the lumbosacral region. Sensation is intact to light touch and pinprick in all dermatomes. Deep tendon reflexes of the bilateral lower extremities are 2+. MRI of the lumbar spine dated 01/28/2014 revealed L2-L3, L3-L4, L5-S1 moderate to severe bilateral foraminal stenosis with moderate narrowing of lateral recesses and mild to moderate central canal stenosis. The patient has had previous epidural steroid injection done 06/06/2014 which did not provide relief. Radiculopathy cannot be determined from the documented physical examination results. Likewise, the documentation did not show that the patient reported at least 50% pain relief nor associated reduction of medication use for 6 to 8 weeks. The criteria for ESI have not been met. Furthermore, the request did not specify which level of the lumbar spine to be targeted for injection. Therefore, the request for Lumbar Epidural Corticosteroid Injection is not medically necessary.