

Case Number:	CM14-0161624		
Date Assigned:	10/07/2014	Date of Injury:	10/18/2012
Decision Date:	11/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery 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:

The claimant is a 43-year old male who sustained a vocational injury while lifting on 10/18/12. The medical records provided for review included the report of an MRI of the lumbar spine without contrast on 11/20/13 that revealed mild to moderate levoscoliosis, a minimal one millimeter disc bulge at L3-4 and L4-5 and minimal foraminal narrowing at L4-5. The report documented that there was no significant central canal stenosis, and no evidence of fractures or spondylolisthesis. There was a presumed small renal cyst on the left. The office note dated 07/8/14 documented that the claimant was diagnosed with bulging discs at L3-4 with bilateral foraminal stenosis and bilateral radiculopathy and mild degenerative arthritis of the thoracic spine. On 07/08/14, the claimant complained of low back pain radiating to the upper back and buttocks with tingling and numbness in both legs. It was documented that heat, Norco, an H-Wave unit, therapy, sitting in a massage chair, and trigger point injections helped with his pain. Physical examination of the lumbar spine and bilateral lower extremities was documented as no appreciable atrophy. Conservative treatment to date included the previously mentioned treatment in addition to aquatic therapy, exercises in a Jacuzzi, TENS unit and H-wave and approximately 14 trigger point injections to the low back. It was noted that NSAIDs previously caused gastrointestinal bleeding and subsequently were not recommended. This request is for three lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection x 3: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend that prior to considering treatment with epidural steroid injections, there needs to be evidence of radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The Chronic Pain Guidelines also state that the claimant should initially be unresponsive to conservative treatment. They also do not support a "series" of three (3) injections for either the diagnostic or therapeutic phase and recommend no more than two (2) total epidural steroid injections. The medical records do not document abnormal objective findings on examination of radiculopathy of the bilateral lower extremities. While the request is for a series of three lumbar epidural steroid injections, the levels where the injections are to be performed are not described which would be imperative to know prior to considering medical necessity. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the epidural steroid injection times 3 cannot be considered medically necessary.