

Case Number:	CM14-0168022		
Date Assigned:	10/15/2014	Date of Injury:	10/30/2013
Decision Date:	11/18/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 patients reported date of injury is 10/30/2013. Mechanism of injury is described as occurring while pulling a tarp causing back pain. Patient has a diagnosis of lumbar pain. Medical reports reviewed and last report available until 9/16/14. Patient reports back pain. Pain is associated with tingling and shooting sensation. Usually down both legs but can be variable. Medication is helping with pain improving from 10/10 to 4/10 but claims of pain with movement. Objective exam reveals diffuse tenderness with difficult exam due to "yelping, guarding and wincing" during the exam. Straight leg is positive bilaterally but was limited by "dramatic"(directly quoted from note) behavior. Neurological and motor exam was normal and noted antalgic gait. Medications include Oxycodone ER, Norco, Baclofen and Gabapentin. MRI of lumbar spine (1/27/14) revealed mild degenerative changes in L3-4 and L4-5 with mild bilateral foraminal stenosis and mild disc bulge. No nerve root impingement and has only completed 6 PT sessions and medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluoroscopically guided bilateral L4-L5 and L3-L4 lumbar epidural steroid injection.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Patient's exam and presentation is not consistent with radiculopathy with inconsistent straight leg raise and exam, no radicular pain and no noted neurological deficits. MRI does not support radiculopathy with no noted nerve impingement and there is no EMG report supporting radiculopathy. This by itself would make LESI not recommended; however patient also fails basic criteria for ESI. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that provider discussed that LESI will only temporarily decrease pain so that the patient could attempt more PT. Patient and wife seems to have poor understanding at first but seems to understand plan after discussion with treating physician, meets criteria. 2) Unresponsive to conservative treatment. Patient has not completed conservative treatment and has failed to properly complete or even attempt physical therapy or other conservative measures to recommend LESI, fails criteria. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all basic criteria before ESI can be recommended. The treating physician has failed to document an exam consistent with radiculopathy and prior conservative measures. The request and documentation does not meet criteria and ESI is not medically necessary.