

Case Number:	CM14-0077794		
Date Assigned:	07/18/2014	Date of Injury:	08/28/2009
Decision Date:	09/30/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/28/2014

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 Medicine 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 58-year-old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of August 28, 2009. Medical records from 2014 were reviewed. The patient complained of low back pain rated 6-7/10 radiating to her legs bilaterally with numbness and tingling. The patient has received lumbar epidural injections which provided 60% to 70% pain relief. Physical examination showed limitation of motion of the lumbar spine; decreased muscle strength on right hip flexion at 4/5, left hip flexion at 4-/5, and knee extension at 4/5; tenderness along spinous processes at L3, L4, L5, S1 and left paraspinous muscles; and positive straight leg raise. Lumbar spine MRI on March 25, 2014 revealed scoliotic curvature of the lumbar spine; moderate central canal stenosis at L4-L5 with moderate facet arthropathy and ligamentum flavum hypertrophy; broad 3mm midline disc protrusion with abutment of the descending L5 nerve roots bilaterally; and a 4mm midline disc protrusion with abutment of the descending S1 nerve roots bilaterally. The diagnoses were axial low back pain, likely facetogenic vs. discogenic, and overlying myofascial pain. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, acupuncture, lumbar epidural steroid injections, medial branch blocks, and trigger point injections. Utilization review from May 10, 2014 denied the request for lumbar epidural steroid injection L5-S1. The patient has no radiculopathy in either the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Epidural Steroid Injection (ESI) with gadolinium based dye: Upheld

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

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

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and 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, several lumbar ESIs were given. However, the extent and duration of pain relief were not discussed. Moreover, there were no objective findings to support presence of radiculopathy at the requested level for treatment. The guideline requires presence of objective radiculopathy corroborated by imaging or electrodiagnostic studies, and at least 50% pain relief lasting 6-8 weeks from previous injection. In addition, there was no evidence of failure of conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for L5-S1 Lumbar epidural Steroid Injection (ESI) is not medically necessary.