

Case Number:	CM14-0082666		
Date Assigned:	07/21/2014	Date of Injury:	03/18/2009
Decision Date:	10/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This is a 54 year old female with a 3/18/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/8/14 noted subjective complaints of neck, shoulder, back pain. Objective findings included paraspinal tenderness with spasms, and hypothesia of the L5-S1 dermatomes. Lumbar MRI 3/25/14 showed L4-L5 neuroforaminal narrowing that effaces the left and right L4 exiting nerve roots. L5-S1 showed bilateral foraminal stenosis that encroaches the left and right L5 exiting nerve roots. It is noted that the patient has undergone physical therapy with symptom improvement. Diagnostic Impression: lumbar strain, radiculitis/radiculopathy. Treatment to Date: medication management, physical therapy, chiropractic. A UR decision dated 5/16/14 denied the request for epidural steroid injection to the lumbar spine L4-L5 and L5-S1. She was approved for LESI in 4/14. There was no documentation whether this was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to the Lumbar Spine L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient does appear to have documented objective evidence of lumbar radiculopathy by physical exam as well as lumbar MRI. However, in the documents provided for review, it is noted that the patient has had physical therapy with symptomatic improvement. It is unclear why injection therapy would be pursued when conservative measures have been effective. Therefore, the request for epidural steroid injection to the lumbar spine L4-L5 and L5-S1 was not medically necessary.