

Case Number:	CM14-0093128		
Date Assigned:	08/22/2014	Date of Injury:	07/09/1998
Decision Date:	10/21/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old male who reported an injury on 07/09/1998. The mechanism of injury was not provided. The injured worker's diagnoses included status post decompressive laminectomy and discectomy at L4-5, right neural foraminal narrowing at L4-5, and moderate central canal stenosis at L3-4. The injured worker's past treatments included medications, physical therapy, and a home exercise program. The injured worker's previous diagnostic testing included an MRI on 04/29/2014 which showed postoperative changes at L4-5. There was no evidence for recurrent disc herniation or stenosis. There were degenerative changes with facet hypertrophy and posterior vertebral body disc bone complexes, as well as severe L4-5 neural foraminal narrowing. At L3-4, there was evidence for a moderate central canal stenosis secondary to disc protrusion, facet hypertrophy, and ligamentum flavum hypertrophy, as well as narrowing of the lateral recesses. There was mild stenosis at L2-3. The injured worker's surgical history included a decompressive laminectomy and discectomy at L4-5. The injured worker was evaluated on 05/02/2014 for continued back pain aggravated with prolonged standing and walking with radiating paresthesias into the right lower extremity. The clinician observed and reported a focused examination of the thoracolumbar spine. The range of motion was measured at 50 degrees of flexion, 25 degrees of extension, and 30 degrees of left and right lateral bending. The injured worker reported pain with extension. Physical examination of the lower extremities revealed motor strength 5/5 bilaterally, normal sensory examination bilaterally, and negative straight leg raising. No medication list was provided. The request was for lumbar epidural steroid injection. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection is not medically necessary. The injured worker continued to complain of back pain that was aggravated with prolonged standing and walking with radiating paresthesias into the right lower extremity. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, and injections should be performed using fluoroscopy for guidance. While the injured worker has had medications, physical therapy, and a home exercise program, the most recent physical exam did not show any motor or neurologic deficits in the lower extremities. Additionally, the request for lumbar epidural steroid injection did not include fluoroscopy for guidance or a level for the injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.