

Case Number:	CM14-0095282		
Date Assigned:	07/25/2014	Date of Injury:	06/27/2013
Decision Date:	10/06/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 & 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 patient is a 55-year-old male who has submitted a claim for lumbar sprain/ strain with radicular features associated with an industrial injury date of 06/27/2013. Medical records from 02/19/2014 to 04/24/2014 were reviewed and showed that patient complained of chronic low back pain graded 8/10 radiating down bilateral feet. Physical examination revealed normal gait, decreased lumbar ROM, intact MMT, DTRs, and sensation of lower extremities, negative seated SLR tests bilaterally, and positive supine SLR test at 40 degrees on the left. X-ray of the lumbar spine dated 02/19/2014 revealed L2-3 rightward curvature, L3-4 and L4-5 minimal anterior osteophytes, and mild irregularity of the right sacroiliac joint. MRI of the lumbar spine dated 03/20/2014 revealed mild multilevel degenerative disc disease, mild facet DJD at L4-5 and L5-S1, multiple Tarlov cysts, L3-S1 disc bulges and right L4-5 foraminal narrowing. Treatment to date has included physical therapy, chiropractic treatment, Cyclobenzaprine, Naproxen, and Tizanidine. Utilization review dated 06/12/2014 denied the request for L4-L5 epidural steroid injection because there was no documentation of significant objective neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance. In this case, the patient complained of chronic low back pain radiating down bilateral lower extremities. Physical findings included positive supine SLR test at 40 degrees on the left and normal sensation, MMT, and DTRs of lower extremities. The patient's clinical findings were not consistent with a focal neurologic deficit to suggest radiculopathy. MRI of the lumbar spine dated 03/20/2014 did not reveal evidence of specific neural compromise. Hence, objective findings and imaging study results did not reveal evidence of specific nerve compromise. Furthermore, there was no documentation of conservative treatment failure to support ESI. The request likewise failed to indicate if lumbar ESI will be done under fluoroscopic guidance, which is part of guidelines requirement. Therefore, the request for L4-L5 epidural steroid injection is not medically necessary.