

Case Number:	CM14-0097081		
Date Assigned:	07/28/2014	Date of Injury:	09/04/2012
Decision Date:	10/07/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 44 year old male with a 9/4/12 injury date. He sustained injuries to the lumbar spine when he was carrying 100 pounds of dolly track and stepped off on a curb and stumbled. He has not worked since. He has a history of L5-S1 fusion in 2003. In a follow-up on 5/28/14, subjective complaints included lower back pain. Objective complaints included lumbar paraspinal tenderness, lumbar flexion to 30 degrees and extension to 20 degrees, 5/5 strength in both lower extremities, normal reflexes, and normal sensation. A CT of the lumbar spine on 10/11/12 showed 4 mm of anterolisthesis of L5 on S1, mild to moderate bilateral facet hypertrophy, multilevel degenerative disc disease most pronounced at L4-5, and a 5 mm L4-5 disc bulge with mild bilateral facet hypertrophy which is resulting in mild to moderate foraminal stenosis without high-grade central canal stenosis. Diagnostic impression: lumbar spondylosis. Treatment to date: medications, home exercise. A UR decision dated 6/11/14 denied the request for lumbar ESI L4-5 on the basis that there was no evidence of radiculopathy on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5: Upheld

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

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. In the present case, there is no objective clinical evidence of radiculopathy presented in the documentation. Specifically, there is no lower extremity weakness, sensory deficit, or reflex abnormalities. The patient does not appear to have subjective complaints of referred pain. There are no electrodiagnostic studies available for review. Therefore, the request for lumbar epidural steroid injection L4-5 is not medically necessary.