

Case Number:	CM14-0216410		
Date Assigned:	01/06/2015	Date of Injury:	07/05/2013
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42-year-old male, with a reported date of injury of 07/05/2013. The results of the injury were neck pain and low back pain. The current diagnoses include lumbosacral spondylosis, displacement lumbar disc without myelopathy, and degeneration of the lumbar disc. The past diagnoses include lumbosacral spondylosis, displacement lumbar disc without myelopathy, lumbar spine sprain/strain, cervical sprain/strain, bilateral moderate neural foraminal stenosis at L4-S1, and degeneration of the lumbar disc. Treatments have included one (1) epidural injection, cyclobenzaprine, Ultram, and an MRI of the lumbar spine on 09/13/2013. The progress report dated 10/24/2014 indicates that the injured worker complained of moderate to severe neck and low back pain. It was noted that escalating activities of daily living (ADLs) aggravates the symptoms and reducing ADLs improve the injured worker's symptoms. The examination of the low back showed extension at 10 degrees; and left lateral flexion, right lateral flexion, left rotation, and left rotation at 20 degrees. The progress report dated 11/17/2014 indicates that the injured worker had his first epidural steroid injection on 10/29/2014, which did not help. The injured worker continued to have low back pain. On 12/16/2014, Utilization Review (UR) denied the request for L4-L5 therapeutic epidural steroid injection (ESI) with fluoroscopy. The UR physician noted that there was no documentation of greater than 50% pain relief for six (6) to eight (8) weeks after the first injection; also the injured worker reported that the first injection did not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic epidural steroid injection (ESI) at L4-5: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, therapeutic epidural steroid injection at L4-L5 is not medically necessary. Epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment; etc. See the guidelines for additional criteria. In this case, the injured worker's working diagnoses are cervical sprain/strain small disc disease, multilevel; and thoraco-lumbar sprain/strain with L4-L5 and L5-S1 disc disease with neuroforaminal narrowing, status post epidural steroid injection with persistent complaints. The documentation did not contain clinical evidence of radiculopathy on physical examination. There were no diagnoses present in the medical record indicating radiculopathy. The injured worker had an epidural steroid injection placed October 29, 2014. The list of diagnoses indicates "status post epidural steroid injection with persistent complaints". MRI of the lumbar spine was unremarkable at levels L1-L2, L2-L3 and L3-L4. At L4-L5 was evidence of a 2 mm posterior disc bulge and result in moderate bilateral neuroforaminal narrowing in conjunction with mild facet joint hypertrophy. There was bilateral exiting nerve root compromise. Consequently, absent clinical documentation indicating the presence of a radiculopathy on physical examination and a prior epidural steroid injection given without relief and persistent complaints, therapeutic epidural steroid injection at L4-L5 is not medically necessary.