

Case Number:	CM14-0216980		
Date Assigned:	01/06/2015	Date of Injury:	10/10/2005
Decision Date:	03/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 10/10/2005. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of continued severe pain, L2-4 stenosis instability, herniated nucleus pulposus, lumbar radiculopathy, and status post solid fusion at L4-5. Past medical treatment consists of surgery, physical therapy, epidural steroid injections 2 years ago with no improvement, the use of a TENS unit and medication therapy. Medications include Norco. It was noted in the documentation that the injured worker underwent an MRI of the lumbar spine on 11/11/2014 which revealed moderate severe cervical spine L2-3 herniated nucleus pulposus as well as severe degenerative disc disease. At L3-4 there was severe degenerative disc disease with broad based right greater than left herniated nucleus pulposus and facet hypertrophy. However, the MRI was not submitted for review. On 12/15/2014, the injured worker complained of low back pain and left thigh pain with dysesthesia that gets worse with standing/walking. Physical examination revealed that there was left leg weakness. The rest of the progress note was not legible. Medical treatment plan was for the injured worker to await authorization for surgery, continue with medication therapy and undergo lumbar epidural steroid injections. Rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

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

Decision rationale: The request for Lumbar Epidural Steroid Injection at L2-3 is not medically necessary. The California MTUS Guidelines recommend for an epidural steroid injection the radiculopathy must be documented with physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They recommend no more than 2 ESI injections. The guidelines further state that for repeated epidural steroid injection there must be objective documentation of pain relief and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks with a general recommend of no more than 4 blocks per region per year. The submitted documentation indicated that the injured worker had undergone epidural steroid injections before. However, the efficacy of the prior epidural steroid injection was stated to be non-beneficial. Additionally, the documentation did not indicate any objective evidence of radiculopathy to include decreased sensation and/or muscle weakness corresponding to the proposed dermatomal distribution. Furthermore, it was indicated that the injured worker underwent an MRI in 11/2014. However, the MRI was not submitted for review. Additionally, there was lack of evidence showing that the injured worker had exhausted conservative care for the low back pain except for medications and the use of a TENS unit. Given that there were no other significant factors provided, and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.