

Case Number:	CM13-0006126		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2011
Decision Date:	05/16/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/02/2013

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:

This female sustained an injury on 11/30/11 while employed by the [REDACTED]. Request under consideration include 2 Bilateral L4-5 Transforaminal Epidural Steroid Injections. The patient had lost balance while walking down stairs and misstepped. She received conservative care from [REDACTED] and was released from care on 9/4/12. Report of 6/18/13 from [REDACTED] noted patient with 8/10 lumbar pain that radiates to left buttocks and legs. Exam showed multiple tender points; SI tests are positive; SLR positive; range of motion decreased in all planes; diffuse tenderness over paraspinal musculature; facet tenderness at L4-5; symmetrical reflexes; 5/5 motor except for 4/5 at hip flexors and knee extensors bilaterally; sensation decreased along bilateral L4 dermatomes. Diagnoses include lumbar disc disease with radiculopathy and facet syndrome. MRI on 4/26/13 showed 3 mm disc protrusion with abutment on right L4 nerve root; 2 mm left disc protrusion with mild abutment of left L4 nerve root. Diagnoses included lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. On 7/15/13, request of above was partially-certified for left L4 nerve root transforaminal epidural injection x 1 noting further consideration pending response from first injection and citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO BILATERAL L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

Decision rationale: The Expert Reviewer's decision rationale: This 45 year-old female sustained an injury on 11/30/11 while employed by the [REDACTED]. Request under consideration include 2 Bilateral L4-5 Transforaminal Epidural Steroid Injections. The patient had lost balance while walking down stairs and miss-stepped. She received conservative care from [REDACTED], orthopedic, and was released from care on 9/4/12. Report of 6/18/13 from [REDACTED] noted patient with 8/10 lumbar pain that radiates to left buttocks and legs. Exam showed multiple tender points; SI tests are positive; SLR positive; range of motion decreased in all planes; diffuse tenderness over paraspinal musculature; facet tenderness at L4-5; symmetrical reflexes; 5/5 motor except for 4/5 at hip flexors and knee extensors bilaterally; sensation decreased along bilateral L4 dermatomes. Diagnoses include lumbar disc disease with radiculopathy and facet syndrome. MRI on 4/26/13 showed 1-3 mm disc protrusion with abutment on right and left L4 nerve root with normal disc height. Diagnoses included lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. On 7/15/13, request of above was partially-certified for left L4 nerve root transforaminal epidural injection x 1 noting further consideration pending response from first injection and citing guidelines criteria. California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Although the MRI showed protrusion at L4-5 causing narrowing of the neural foramina, the EMG/NCV of bilateral upper and lower extremities on 5/17/12 per [REDACTED] P&S report of 9/4/12 revealed normal impression without lumbar radiculopathy or neuropathy. The patient exhibit ongoing chronic pain symptoms similar to P&S report from [REDACTED] without indication for future surgical procedures recommended. The patient had undergone previous injection; however, submitted reports have not adequately demonstrated previous pain relief or functional improvement from injections already rendered. The 2 Bilateral L4-5 Transforaminal Epidural Steroid Injections is not medically necessary and appropriate.