

Case Number:	CM13-0019289		
Date Assigned:	10/11/2013	Date of Injury:	07/19/2006
Decision Date:	01/17/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine 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 physician 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 reported a work-related injury on 07/19/2006; the mechanism of injury was not specifically stated. The patient presents for treatment of the following diagnoses: lumbar degenerative disc disease, lumbar radiculitis, lumbar facet osteoarthritis, and myofascial pain syndrome. The clinical note dated 09/12/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient was status post a lumbar epidural steroid injection in 04/2013. The patient's current pain level is rated at 5/10 to 6/10. The patient reported 40% to 60% reduction of her pain in overall symptomatology status post injection. The patient utilizes Norco 10/325 mg, Xanax, gabapentin, Zanaflex, and temazepam. Upon physical exam of the patient, diffuse tenderness to palpation moderately over the lumbosacral region, especially over the paraspinal musculature from L2-5. Lumbar flexion was reduced approximately 35 degrees; lumbar extension decreased 10% to 15%. The provider documented the patient had bilateral positive straight leg raise which elicits mild pain; negative bilateral Patrick's. The provider documented MRI of the lumbar spine dated 05/09/2007 revealed degenerative disc disease and a broad-based disc bulge at L5-S1. The provider documented request for repeat lumbar epidural steroid injection as the patient reports pain radiating into the right lower extremity is increasing. The provider is requesting repeat bilateral L4-5 and L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4-S1 transforaminal epidural steroid injection under fluoroscopic guidance:
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 Page(s): 46.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized multiple epidural steroid injections for her lumbar spine pain complaints. However, documentation of quantifiable objective functional improvement status post injections were not evidence in the clinical notes reviewed. In addition, an official imaging study of the patient's lumbar spine was not submitted for review. California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The purpose of ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." Given all of the above, the request for 1 Right L4-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guidance is not medically necessary or appropriate