MAXIMUS Federal Services

Case Number:	CM13-0030465		
Date Assigned:	06/06/2014	Date of Injury:	03/29/2003
Decision Date:	07/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 54-year-old female who reported an injury on 03/29/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 12/04/2013 indicated a diagnosis of L4-5 disc protrusion with left L5-S1 disc bulge and associated lumbar radiculopathy. The injured worker reported back pain rated 3/10. The injured worker reported to treat her pain she used cyclobenzaprine in addition to ibuprofen as needed. On physical exam of the lumbar spine, lumbar flexion was 5 degrees, extension was 30 degrees, and right and left bending was 10 degrees and 15 degrees respectively. The injured worker had a negative supine straight leg raise. The injured worker had tenderness to palpation along the midline of the lumbar spine facets and gluteal muscles with the right slightly more tender than the left. The injured worker had 4/5 strength in her left tibialis anterior. The injured worker's prior treatments included medication management. The injured worker's medication regimen included cyclobenzaprine and ibuprofen. The provider submitted a request for left L5 transforaminal epidural steroid injection and right L5 transforaminal epidural steroid injection. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5 TRANSFORMINAL EPIDURAL STEROID INJECTION 64483 64484 72275 00600 7600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Although the injured worker did report pain, the injured worker did not report any numbness or tingling radiating to the extremities. In addition, on physical exam, there was a lack of objective findings of radiculopathy. Additionally, there was lack of evidence in the documentation provided of exhaustion of conservative therapy such as physical therapy. Moreover, the official MRI and EMG were not submitted for review. Therefore, the request for left L5 transforaminal epidural steroid injection is not medically necessary.

RIGHT L5 TRANSFORMINAL EPIDURAL STEROID INJECTION 64483 64484 72275 00600 7600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER EPIDURAL STEROID INJECTIONS, Page(s): 46.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Although the injured worker did report pain, the injured worker did not report any numbness or tingling radiating to the extremities. In addition, on physical exam, there was a lack of objective findings of radiculopathy. Additionally, there was lack of evidence in the documentation provided of exhaustion of conservative therapy such as physical therapy. Furthermore, the official MRI and EMG were not submitted for review. Therefore, the request for right L5 transforaminal epidural steroid injection is not medically necessary.