

Case Number:	CM13-0040627		
Date Assigned:	12/20/2013	Date of Injury:	05/23/2004
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 29 year old female with a date of injury of 5/23/2004. The patient was diagnosed by [REDACTED] with L4-5 disc bulge with chronic right LS radicular pain and C5-C6 disc bulge. Per the 3/27/2013 letter from [REDACTED], the patient was placed on Subutex after detoxification from Vicodin and Percocet. The provider has made a prospective request for one right L4 and LS transforaminal epidural injection. According to the report dated 9/16/2013, the patient complained of a 10% increase in back pain and radiating leg pain. Recent objective findings included minimal depression and flexion, pain with lumbar extension, back and leg pain reproduced during bilateral straight leg raise, normal bilateral lower extremity reflexes, and normal bilateral lower extremity patient was diagnosed with T5-T6 disc bulge and L4-L5 disc; bulge with right L5 with this request, the current treatment plan consisted of continuation of Subutex, an independent home exercise program and a follow up visit on 10/1/2013. Per the 12/9/2013 report by [REDACTED], the patient had no change in 5/10 thoracic, low back, right leg pain and pain wrapping around the ribcage. Without opiates pain was rated 5-8/10 and with, 4-6/10. Objective findings included slight to moderate decrease in lumbar flexion and extension which caused low back pain, extension/rotation bilaterally caused thoracic pain, normal toe walking, spasms T4-R and L4-5 interspaces, and strength in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Right L4 and L5 Transforaminal Epidural Injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: In regard to a Prospective Right L4 and L5 Transforaminal Epidural Injection, the CA-MTUS and ODG guidelines recommend the procedure for intractable radicular pain. Radicular pain is defined as pain in a dermatome distribution with corroborative findings of radiculopathy. Radiculopathy must be indicated by a physical examination and imaging studies and/or electrodiagnostic testing. In addition, there should be a history of management including exercises, physical methods, NSAIDs, and muscle relaxants. An epidural injection is not medically appropriate for this patient. On 9/16/2013 the provider noted painless lumbar flexion, pain with lumbar extension, back and leg pain reproduced during bilateral straight leg raise normal bilateral lower extremity reflexes, and normal bilateral lower extremity motor strength during the examination. The objective findings were not indicative of radiculopathy at a specific spinal level. Therefore the Prospective request for Right L4 and L5 Transforaminal Epidural Injection is not medically necessary based on the guideline recommendations and documentation submitted.