

Case Number:	CM13-0040694		
Date Assigned:	12/20/2013	Date of Injury:	10/25/2012
Decision Date:	02/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Management and is licensed to practice in Georgia. 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 claimant is a 38 year old female presenting with low back pain following a work related injury on 10/25/2012. The pain is described as dull aching, pain with stiffness and spasm, which increases by minimal activity including a few minutes of standing, walking, bending and twisting and some of his daily routine. The pain is associated with lower extremity numbness, tingling and weakness. The physical exam was significant for tender paralumbers, decreased lumbar range of motion, and muscle spasm and decreased sensation of the L5 distribution, the left greater than the right. MRI of the lumbar spine was significant for L2-3 and L3-4 1-2 mm disc bulges, L4-5 2 mm disc bulge, moderate left and mild right foraminal narrowing and facet hypertrophy, L5-S1 1-2 mm disc bulge, mild bilateral foraminal narrowing, and mild facet hypertrophy, and S3 Tarlov's cysts. EMG was significant for acute right L4, 5 and S1 and Left L5 and S1 radiculopathies. The claimant's medications include naproxen, cyclobenzaprine, and tramadol. The claimant has tried physical therapy, chiropractor treatment and acupuncture with temporary relief. The claimant was diagnosed with lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Transformaminal Epidural Injection with Imaging Guidance Lumbar/Sacral:
Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Transforaminal epidural steroid injection with image guidance lumbar/sacral is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. 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. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant physical exam does not clearly display lumbar radiculopathy given he had a negative straight leg raise does not meet MTUS guidelines. Additionally, the MRI does not demonstrate a specific nerve root pathology amenable to a lumbar epidural steroid injection. Therefore, the requested procedure is not medically necessary for not meeting MTUS guidelines.