

Case Number:	CM13-0042979		
Date Assigned:	07/02/2014	Date of Injury:	10/14/2012
Decision Date:	09/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old female with a reported date of injury on 10/14/2012. The injury reportedly occurred when the worker fell. The injured worker's diagnoses included worsening tailbone pain, low back pain, and bilateral arm pain and numbness. Previous conservative care has included anti-inflammatory medications, physical therapy, acupuncture, and chiropractic treatment. Previous surgical history was not provided within the documentation. Diagnostic studies included an MRI of the lumbar spine which demonstrated disc bulging at L4-5, official results were not provided within the documentation. The x-rays of the pelvis demonstrated coccyx distal fracture although the age is undetermined. Upon physical examination, the lumbar spine revealed pain to palpation over the lower back area at the L5-S1 facet joints, as well as pain to palpation over the coccyx and tailbone area. The lumbar range of motion revealed flexion to 50% of normal and extension to 20% of normal. Motor strength was rated at 5/5 with normal sensation to light touch bilaterally in the lower extremities. In addition, the injured worker presented with positive right straight leg raise. The injured worker's medication regimen was not provided within the documentation available for review. The rationale for the request was not provided. The Request for Authorization for bilateral L4-5 transforaminal ESI was submitted but not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 TRANSFORAMINAL ESI: 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): 46-47.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). In addition, injections should be performed using fluoroscopy (live x-ray) for guidance. The clinical information provided for review lacks documentation related to the injured worker's neurological deficits. There is a lack of documentation related to radiculopathy by physical examination and/or corroborated by imaging studies and/or electrodiagnostic testing. In addition, there is a lack of documentation related to unresponsiveness to conservative treatment. The request as submitted failed to provide for the use of fluoroscopy for guidance with the administration of the epidural steroid injection. Therefore, the request for bilateral L4-5 transforaminal epidural steroid injection is not medically necessary.