

Case Number:	CM13-0046209		
Date Assigned:	04/21/2014	Date of Injury:	05/08/2005
Decision Date:	05/23/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 57-year-old male who reported an injury on 05/08/2005. The injured worker was seen most recently on 11/18/2013 for bilateral low back pain, with the left worse than the right. The injured worker had a previous fluoroscopically guided bilateral L3-4 and L5-S1 lumbar transforaminal epidural steroid injection that had been denied. The injured worker was seen on this date due to exacerbating factors of prolonged sitting, standing, lifting, twisting, driving, lying down, coughing, and sneezing. Mitigating factors were lying down on his back, standing, and using lumbar support. The injured worker was utilizing Norco, Flexeril, Naproxen, Gabapentin, Acetadryl, Prilosec, Terocin, Advair, Spiriva, and Albuterol. The injured worker has a medical history of previous laminectomies at the L3-4, L4-5, and an L4-5 discectomy performed in 1999. On the musculoskeletal exam, the injured worker was noted to have peripheral pulses of 2+ bilaterally with normal capillary refill, full and painless range of motion in the bilateral lower extremities without instability, lumbar range of motion was restricted with pain in all directions, with extension worse than lumbar flexion. On the straight leg raise and reverse straight leg raise they were both positive bilaterally, with muscle strength noted as 5/5 in all limbs except for bilateral quadriceps, tibialis anterior, and iliopsoas strengths, which were rated as 4+/5. Sensation was intact to light touch, pinprick, proprioception, and vibration in the bilateral lower extremities; however, there was decreased sensation in the left L3 and left L5 region. The injured worker has been diagnosed with L3 and L5 radiculopathy with lower extremity weakness and a positive straight leg raise and reduced dermatomal sensation

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L3-4, L5-S1 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for a bilateral L3-4 and L5-S1 lumbar transforaminal epidural steroid injections under fluoroscopy, according to California MTUS Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the injured worker has had clinical findings noting decreased sensation in the dermatomal distributions in the requested injection sites, without having imaging studies to corroborate with clinical findings, the requested service cannot be supported at this time. As such, the request for 1 Bilateral L3-4, L5-S1 Lumbar Transforaminal Epidural Steroid Injections under Fluoroscopic Guidance is not medically necessary.