

Case Number:	CM13-0047231		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2012
Decision Date:	03/31/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, and Pain Management and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 12/22/2012. The mechanism of injury was noted to be the patient was lifting boxes. The patient's diagnosis was noted to be lumbago. The patient had an MRI of the lumbar spine on 08/12/2013. The patient had degenerative disc disease at L3-5 with posterior disc protrusion at L4-5 causing lateral recess and foraminal narrowing that abutted nerve roots. There was abutment of the descending nerve root in the left lateral recess of L4-5 by broad disc bulge but moderate narrowing of the left foramen did not appear to abut the intraforaminal portion of the nerve root. The patient had low back pain with radiation of pain down into the left leg laterally all the way down to the ankle with questionable complaints of numbness and tingling with no problems controlling bowel or bladder. The patient had just finished taking methylprednisolone and reported medications did not provide relief of pain. The physical examination revealed there were no sensory abnormalities with sensation being intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The ankle dorsiflexors, plantar flexors, and extensor hallucis function was noted to be 5/5 on the right and the plantar flexors were noted to be 5/5 on the left with the ankle dorsiflexors and extensor hallucis function being 5-/5. The patient's straight leg raise test elicited tightness in the left leg and low back area. The patient had conservative care but it was noted that the patient was making slower progress than necessary. The physician was requesting a left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy and further indicated as the patient had physical therapy and positive subjective complaints as well as radicular complaints into the left leg and positive subjective complaints of weakness in dorsiflexion and EHL and a positive straight leg raise and positive MRI findings for herniated nucleus pulposus with disc extrusion and nerve root compression. Additionally, the treatment plan was a 1 time consultation for the care of the patient to be transferred to the pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the left side l4-l5 levels with fluoroscopy:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection, Criteria for Use; Use of Specialists..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection, Ongoing Management, Introduction Page(s): 46,78,1.

Decision rationale: California MTUS Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided and if the complaint persists the physician needs to reconsider the diagnosis and decide whether specialist evaluation is necessary. The clinical documentation submitted for review indicated the patient was in the office of the pain management specialist. However, there was a lack of documentation indicating the patient's medications to support the necessity for a pain management specialist. California MTUS guidelines indicate that an epidural steroid injection is appropriate when there are objective findings of radiculopathy on examination and they are corroborated with MRI or electrodiagnostic findings. They are appropriate after failure of initial conservative care and are performed under fluoroscopic guidance. It was indicated the patient had positive subjective complaints of weakness and dorsiflexion and EHL and a positive straight leg raise; however, the straight leg raise elicited muscle tightness and there was a lack of documentation indicating the patient had radiation of pain. There was a lack of documentation of specific dermatomal findings to support the patient had radiculopathy. Additionally, the physician opined the MRI showed nerve root compression and per the official MRI there was no mention of nerve root compression. It was indicated that the nerve root abutted the descending nerve root in the left lateral recess by broad disc bulge but had moderate narrowing of the left foramen and did not abut the intraforaminal portion of the nerve root. Additionally, as per subsequent documentation, the primary treating physician indicated that the patient should have an EMG nerve conduction study of the lower extremities to see if there was a sensory motor deficit and if so, then injections would be considered. The patient was noted to be currently at 4 to 5 or 5 to 5 Waddell's signs. There was a lack of clarity indicating the patient had a need for a pain management specialist. Given the above and the lack of documentation of exceptional factors to warrant non adherence to recommendations, the request for outpatient transforaminal epidural steroid injection (TF-LESI) at the left side L4-5 levels with fluoroscopy and a transfer of care to [REDACTED] is not medically necessary.