

Case Number:	CM13-0047973		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	08/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 59-year-old female who reported an injury on 05/17/2010 while performing a work duty. The injured worker's diagnoses were degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbago, lumbosacral spondylosis without myelopathy, sprain of unspecified site of the knee and leg. The injured worker's prior treatment was oral pain medication, TENS, acupuncture, compound creams, physical therapy and epidural steroid injections. The injured worker had an MRI done according to documentation on clinical visit 04/22/2013 which states that the MRI was reviewed and discussed in details with the injured worker. However, the impression of the MRI was not submitted with documentation for review. The injured worker complained of lower back pain which was rated at 7.5/10 on the VAS. She complained of the pain being constant and can increase to sharp dull sensation radiating into the right leg. Exacerbating factors include sitting, standing, lying down. On physical examination dated 10/14/2013, there was tenderness to palpation to the lumbar facets. Lumbar flexion was limited to 45 degrees due to moderate low back pain. Extension was limited to only 15 degrees due to sacroiliac joints that are tender to palpation. Straight leg raise was positive on the right at 30 degrees, sensory perception was decreased with soft touch in the right lower extremities along the L5, S1 dermatomes with persistent parasthesias in the right L4, L5, and S1 nerve root dermatomes. Motor strength testing was decreased to a 4/5 in the EHL. The provider's treatment plan was for Butran patch 5 mcg/hr, Diclofenac 100 mg by mouth twice a day, Omeprazole 20 mg twice a day, Gabapentin 600 mg twice a day, and the request for a right L4-5 and L5-S1 transforaminal epidural injection with a 2 week followup. The rationale for the request was not submitted with documentation. The request for authorization form dated 10/17/2013 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4/5,L5/S1 TRANSFORAMINAL ESI(EPIDURAL STEROID INJECTION) TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The request for L4/5, L5/S1 transforaminal ESI (epidural steroid injection) to lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI. The injured worker complained of lower back pain with a rating of 7.5/10. Straight leg raise is positive on the right at 30 degrees, sensory perception is decreased with soft touch in the right lower extremities along the L5, S1 dermatomes with persistent parasthesias in the right L4, L5, and S1 nerve root dermatomes. Motor strength testing is decreased to a 4/5 in the EHL. However, there was no documentation of conservative care directed towards the lumbar spine. The injured worker was noted to have undergone a prior epidural steroid injection; however, the response to that injection and location of that injection was not provided to support an additional injection. The request for right L4/5 and L5-S1 transforaminal ESI (epidural steroid injection) to lumbar spine is not medically necessary.