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| Case Number: | CM13-0052427 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 09/13/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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:

This 48 year-old patient sustained an injury on 9/13/12 while employed by [REDACTED]. Request under consideration include transforaminal lumbar epidural steroid injection under fluoroscopy lumbar four-five. Diagnoses include s/p ORIF right wrist fracture; traumatic cervical injury with LOC s/p ACDF C6-7 and C7-T1 (9/14/12); Right foraminal herniation at L4-5 and left lateral herniation at L3-4 s/p lumbar discectomy; and Bilateral shoulder, knee, and ankle pain. Report from the provider noted persistent low back pain. Exam of the lumbar spine noted pain and restricted lumbar range of motion and lumbar spasms. There were no neurological deficits identified. Supplemental report of 12/5/13 from ortho provider noted patient with improved low and mid back and neck symptoms. Exam of lumbar spine showed pain with range of motion; pain on palpation with spasms. No other neurological exam recorded. Diagnoses were unchanged. Treatment noted the denial of the lumbar epidural; however, the patient has been undergoing physical therapy with overall improvement in symptoms. The request for transforaminal lumbar epidural steroid injection under fluoroscopy lumbar four-five was non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection under fluoroscopy lumbar 4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. EMG has no evidence for radiculopathy. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The transforaminal lumbar epidural steroid injection under fluoroscopy lumbar 4-5 is not medically necessary and appropriate.