

Case Number:	CM13-0054761		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2005
Decision Date:	06/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 reported an injury on 10/17/2005. The injury reportedly occurred when he began to develop pain to his lower back over the course of employment. His symptoms included pain to his lumbar spine with radiation to his lower extremities bilaterally. His pain level was noted to be a 5/10. Physical examination revealed spasm and tenderness to the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The injured worker was also noted to have a decreased sensation with pain at the L4-5 and L5-S1 level bilaterally. The injured worker was diagnosed with lumbosacral radiculopathy. Past medical treatment included one caudal transforaminal nerve root injection at the L4-5 and L5-S1 levels, lumbar laminectomy at the L4-5 level in 2004, physical therapy, and oral medications. Diagnostic studies included an MRI of the lumbar spine on 02/06/2006, which was noted to reveal significant hypertrophic degenerative facet joint disease at the L4-5 level. The L5-S1 level was desiccated and narrowed; lateral "spondylisis" and hypertrophic change of the facet joints contributed to minimal to moderate bilateral L5 foraminal stenosis. On 10/01/2013, a request for caudal transforaminal nerve root injections at L4-5 and L5-S1 levels had been made. The rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL TRANSFORAMINAL NERVE ROOT INJECTION AT L4-5 AND L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review indicated the injured worker was status post one caudal transforaminal nerve root injection at the L4-5 and L5-S1 levels with increased range of motion and functional capacity. However, the documentation submitted for review failed to provide objective functional gains made with the previous epidural injection. There was no documentation of reduced pain, decreased use in pain medication, or an increase in functional capacity. Therefore, the request for Caudal Transforaminal Nerve Root Injection at L4-5 and L5-S1 is not medically necessary and appropriate.