

Case Number:	CM13-0064333		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2010
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 patient is a 46-year-old male who reported injury on 09/27/2010. The mechanism of injury was noted to be the patient was lifting the Jaws of Life to shoulder height while at work. The patient had an MRI of the lumbar spine on 11/15/2013 at level of L4-5. There was a mild broad-based central posterior disc protrusion measuring approximately 1.7 mm beyond the adjacent posterior vertebral body margins. There was effacement of the adjacent anterior thecal sac with the neural foramina appearing preserved. There was a small high signal at the posterior margin of the disc on T2 thought to be consistent with a tear of the annulus. At L5-S1, the interspace showed a mild central posterior disc protrusion measuring approximately 2.9 mm beyond the adjacent posterior vertebral body margins. There was effacement of the adjacent anterior thecal sac with a small high signal noted at the posterior margin of the disc on T2 thought to be consistent with a tear of the annulus. The neural foramina appeared preserved. The examination on 11/13/2013 revealed the patient had pain in the low back with radiation down into the back of his thighs over the hamstrings. Physical examination revealed the patient had lumbar facet loading that was positive bilaterally. The patient had a straight leg raise that was weakly positive bilaterally. The patient's strength in the bilateral hip flexors was 4-/5 bilaterally. The deep tendon reflexes at the Achilles jerk as well as the knee jerks were mildly diminished and bilaterally symmetrical. The patient had under blunt reflexes in the flexors. The diagnoses were noted to include lumbar spine degenerative disc disease, lumbar spine myofascial pain, and lumbar spine radiculopathy. The plan was noted to be the physician would schedule the patient for bilateral 4 and 5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4, 5 transforaminal epidural steroid injections QTY 2.00: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend, for an epidural steroid injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had objective findings of radiculopathy upon physical examination. There was a lack of documentation indicating the objective findings were corroborated by imaging studies as there was no documentation on the MRI indicating the patient had nerve impingement. There was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above, the request for bilateral L4, 5 transforaminal epidural steroid injections QTY 2.00 is not medically necessary.

Bilateral L5 transforaminal epidural steroid injections QTY 2.00: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend, for an epidural steroid injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had objective findings of radiculopathy upon physical examination. There was a lack of documentation indicating the objective findings were corroborated by imaging studies as there was no documentation on the MRI indicating the patient had nerve impingement. There was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above, the request for bilateral L5 transforaminal epidural steroid injections QTY 2.00 is not medically necessary.