MAXIMUS Federal Services

Case Number:	CM13-0066904		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2013
Decision Date:	05/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 reported an injury on 07/10/2013. The mechanism of injury was lifting. The official MRI of the lumbar spine dated 10/09/2013 interpreted by [redacted] revealed L4-5 broad central 2 mm disc protrusion, without stenosis, L3-4 right posterolateral 1 mm disc protrusion mildly narrowing the right neural foramen. The pain management evaluation report dated 10/21/2013 indicated the injured worker had complaints of low back pain and right leg pain. The injured worker reported that he had undergone chiropractic treatments and acupuncture. The injured worker rated his pain at 5/10 to 6/10. The injured worker reported radiation of pain laterally down into the right leg with numbness and tingling sensation in the right leg. Upon examination of the back, there were lumbosacral paraspinal muscle spasms with tender areas over the right lumbosacral facet joints. Back flexion and extension were noted to be about 20% to 30%. It was noted sensation was intact to pinprick in all dermatomes in the bilateral lower extremities. Muscle strength in the lower extremities was 5/5 except for right dorsiflexion and knee extension was 5-/5. Deep tendon reflexes were 2+ bilaterally to knee jerks and ankle jerks. The injured worker was noted to have normal gait. Upon straight leg raising test in the seated position, the injured worker complained of tightness in his right leg and the low back area. The diagnoses provided were low back pain; right leg pain; lumbosacral radiculopathy; herniated nucleus pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: The request for right L3-4 transforaminal epidural steroid injection (ESI) is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating program in more active treatment programs, and avoid surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker must initially be unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The records submitted for review indicated there were no sensory abnormalities noted. It was noted sensation was intact to touch and pinprick in all dermatomes in the bilateral lower extremities. The muscle motor strength in the lower extremities was 5/5 except for the right dorsiflexion and knee extension which was 5/5. The deep tendon reflexes were 2+ bilaterally to knee jerks and ankle jerks. The records submitted for review failed to include documentation of significant objective neurological deficits such as significant decreased muscle strength and decreased sensation in specific dermatomes. As such, radiculopathy was not documented by physical examination and corroborated by the MRI of the lumbar spine. As such, the request for L3-4 transforaminal epidural steroid injection (ESI) is not supported. Therefore, the request is not medically necessary and appropriate.

RIGHT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: The request for right L4-5 transforaminal epidural steroid injection (ESI) is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating program in more active treatment programs, and avoid surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker must initially be unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle

relaxants. The records submitted for review indicated there were no sensory abnormalities noted. It was noted sensation was intact to touch and pinprick in all dermatomes in the bilateral lower extremities. The muscle motor strength in the lower extremities was 5/5 except for the right dorsiflexion and knee extension which was 5/5. The deep tendon reflexes were 2+ bilaterally to knee jerks and ankle jerks. The records submitted for review failed to include documentation of significant objective neurological deficits such as significant decreased muscle strength and decreased sensation in specific dermatomes. As such, radiculopathy was not documented by physical examination and corroborated by the MRI of the lumbar spine. As such, the request for L4-5 transforaminal epidural steroid injection (ESI) is not supported. Therefore, the request is not medically necessary and appropriate.