

Case Number:	CM13-0070719		
Date Assigned:	04/28/2014	Date of Injury:	11/15/2008
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 64 year old male who reported an injury on 11/15/2008 of unknown mechanism. The clinical note dated 02/28/2014, indicated diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, sciatica, osteoarthritis, localized, primary involving shoulder region, and spasm of muscle. The injured worker reported lower back pain as a sharp, dull, throbbing sensation that radiated into his left leg. He rated his pain at 5/10. On physical exam, the lumbar flexion was limited to 45 degrees due to moderate low back pain; extension was limited to only 15 degrees due to facet loading pain. Palpation of the lumbar facets also provoked facet tenderness. The straight leg raise was positive to the bilateral lower extremities at 30 degrees. There was pain following the L4-L5 dermatomes. The motor strength was 5-/5. The medication regimen included Lyrica, Tylenol Extra Strength, Tylenol with Codeine and Celebrex. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines effective July 18, 2009, Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ACOEM, 2004, Cervical/Thoracic Spine Injections; and ODG-TWC, ODG Treatment,

Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) updated 12/4/13, Epidural Steroid Injections (ESIs), therapeutic.

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

Decision rationale: The request for lumbar transforaminal epidural steroid injection is not medically necessary. The injured worker had a diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, sciatica, osteoarthritis, localized, primary, involving shoulder region, and spasm of muscle. The California Chronic Pain Medical Treatment Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also recommend the injured worker initially be unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker presented with a history of low back pain and radicular symptoms such as numbness, tingling and a positive straight leg raise. However, there is a lack of documentation of diagnostic test being performed. There is also a lack of documentation of a course of conservative treatment besides celebrex. Therefore, per the California, Chronic Pain Medical Treatment Guidelines, the request for lumbar transforaminal epidural steroid injection is not medically necessary.