

Case Number:	CM14-0000304		
Date Assigned:	01/10/2014	Date of Injury:	02/26/2008
Decision Date:	04/29/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 43-year-old male who reported a work-related injury on 2/26/08. The mechanism of injury was lifting a 250 pound truss. The patient had an MRI of the lumbar spine on 9/12/12 which revealed there was disc desiccation with a 1.5mm broad-based posterior disc bulge indenting the anterior aspect of the thecal sac at the level of L4-5. The documentation of 10/4/13 revealed that the patient had decreased motor strength of the dorsiflexors bilaterally of 4/5. The sensory examination revealed that light touch sensation was decreased over the posterior thigh and lateral thigh on the right side. The deep tendon reflexes were hyporeflexic. The patient's diagnoses included lumbar disc disorder and low back pain. The request was made for a transforaminal lumbar epidural injection at L4-5 bilaterally. It was indicated that the patient had failed conservative management including physical therapy, rest, and medications. The physician indicated on examination that the patient had bilateral lower extremity weakness, radiating pain, and a positive straight leg raise on the right greater than the left. The patient had consistent weakness, sensory and reflex decrease. The request was made for a bilateral transforaminal lumbar epidural steroid injection at the level of L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L4-L5: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend an epidural steroid injection when a patient has documentation of radiculopathy upon physical examination that is corroborated by imaging studies; the patient's pain must also be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the patient had objective findings upon physical examination and that the patient was unresponsive to conservative treatment. However, the MRI failed to indicate the patient had nerve impingement. Given the above, the request is not medically necessary.