

Case Number:	CM14-0003068		
Date Assigned:	05/19/2014	Date of Injury:	08/05/2005
Decision Date:	09/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 Management and is licensed to practice in Tennessee. 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 53-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of August 5, 2005. Medical records from 2009 to 2014 were reviewed. The patient complained of chronic low back and right lower extremity pain. Physical examination showed restricted gait; inability to do heel-toe walk; limitation of motion of the lumbar spine; positive sitting straight leg raise on the right at 90 degrees; and positive lying straight leg raise on the right at 60 degrees. MRI of the lumbar spine on November 1, 2010 revealed L4-5 broad-based annular disc bulge causing flattening and impressing upon the anterior portion of the thecal sac with mild bilateral facet arthropathy changes producing mild central spinal and neural foraminal stenosis, left more than right. EMG/NCV of the lower extremities performed on November 15, 2010 showed normal nerve conduction study. However, EMG demonstrated abnormal findings suggestive of bilateral chronic active L5-S1 radiculopathy. The diagnoses were herniated nucleus pulposus probably at L4-5 and L5-S1 bilaterally with radiculopathy, and degenerative joint disease at L4-5 and L5-S1 bilaterally. Treatment to date has included oral analgesics, lumbar ESIs, back brace, hot/cold packs, physical therapy, acupuncture, TENS, and home exercise program. Utilization review from December 17, 2013 denied the request for 1 right L4-5 transforaminal epidural injection. Medical records do not indicate that trial of other treatment options including physical treatment approaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 TRANSFORAMINAL EPIDURAL INJECTION: Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, several lumbar ESIs were given. However, the extent and duration of pain relief were not discussed. Moreover, physical examination findings, imaging studies and electrodiagnostic studies did not confirm presence of radiculopathy at the requested level for injection. The guideline requires presence of objective radiculopathy and at least 50% pain relief lasting 6-8 weeks from previous injection. Likewise, there was no evidence that conservative treatment has failed to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right L4-L5 Transforaminal Epidural Injection is not medically necessary.