

Case Number:	CM14-0003755		
Date Assigned:	02/03/2014	Date of Injury:	08/02/2012
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 is a 65 year old female with an injury reported on 08/02/2012. The mechanism of injury was noted as a fall. The clinical note dated 12/17/2013, reported that the injured worker complained of chronic low back pain that radiated down the right leg. The injured worker's gait was reported as antalgic, and straight leg raise was noted as positive bilaterally. Range of motion testing to the lumbar spine revealed flexion was to 45 degrees, extension to 10 degrees, lateral flexion bilaterally was 15 degrees and lateral rotation bilaterally was 30 degrees. The injured worker's diagnoses included chronic bilateral lumbare radiculopathy, and lumbar spondylosis/spinal stenosis. The request for authorization was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

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

Decision rationale: According to the California MTUS guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines note a second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. Per the clinical documentation it was noted that the injured worker had a positive straight leg raise bilaterally. Per the clinical note dated 12/17/2013 the provider noted an MRI of the lumbar spine was performed on 01/04/2013 revealed moderate bilateral foraminal stenosis at L5-S1 with moderate spinal stenosis at L3-L4. It was noted within the clinical information that the injured worker received previous a epidural steroid injection to the right which provided greater than 50% pain relief for a short period of time; however, the date of the epidural steroid injection was not provided. Furthermore, the length of the effectiveness and specific location were also not provided in clinical documentation. There is also a lack of documentation indicating the injured worker had significant reduction of medication usage and significant objective functional improvement with the injection. Moreover, there was a lack of documentation indicating the injured worker had significant physical exam findings of radiculopathy. Therefore, the request for bilateral L4 and L5 transformaminal epidural steroid injection is not medically necessary.