

Case Number:	CM14-0004278		
Date Assigned:	02/05/2014	Date of Injury:	03/25/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/11/2014

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 and 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 38 year old male who reported an injury on 03/25/2012 due to an unknown mechanism. The operative report dated 08/06/2013 indicated the injured worker underwent lumbar epidural steroid injection under fluoroscopy and lumbar epidurogram at levels L4-L5. The clinical note dated 01/31/2014 indicated diagnoses of morbid obesity, lumbar disc herniation and lumbar radiculopathy. The injured worker reported constant pain to his lower back that was sharp, pins-and-needles, numbness and tingling. On physical exam, the injured worker walked with a slow antalgic gait and he was unable to walk on his heels or toes. The lumbar range of motion findings were forward flexion 30 degrees, extension 10 degrees and lateral right and left flexion 10 degrees. The straight leg raise was positive on the left and right, and the injured worker was unable to cross his legs for the FABER sign. The injured worker's sensation was intact. The motor strength of the hip flexors, extensors, abductors and adductors were all 4 bilaterally. The motor strength of the knee flexors and extensors were 4 bilaterally, the ankle dorsiflexors and plantaflexors were 4 bilaterally and the extensor hallucis was 4 bilaterally. The injured worker has done acupuncture and physical therapy. The medication regimen included Atenolol, Lisinopril, Norco, Robaxin and Motrin. 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:

LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE LEVELS OF L3-L4 AND L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The injured worker was diagnosed with morbid obesity, lumbar disc herniation and lumbar radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker underwent lumbar epidural steroid injection under fluoroscopy and lumbar epidurogram at levels L4-L5 on 08/06/2013. There was a lack of diagnostic testing to corroborate levels L3-L4 in the documentation. In addition the records did not indicate if the injured worker benefited from the earlier ESI. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for left transforaminal epidural steroid injection at the levels of L3-L4 and L4-L5 is not medically necessary.