

Case Number:	CM14-0007295		
Date Assigned:	02/10/2014	Date of Injury:	02/01/2010
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 45-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 02/01/2010. Medical records from 08/06/2013 to 02/19/2014 were reviewed and showed that patient complained of severe, constant low back pain, graded 6-7/10, radiating down the left leg with tingling, numbness, and paresthesia. Pain is aggravated by prolonged standing, bending, and lifting heavy objects, and is relieved by medications. Physical examination showed increased lumbar lordosis. There was paravertebral muscle tenderness and spasm over the lumbosacral spine. Range of lumbar spine motion was restricted. Hyperextension maneuver of lumbar spine was positive. Seated straight leg raise was positive bilaterally. Motor testing was normal, except for left extensor hallucis longus and plantar flexors which were 4/5. There was diminished sensation to light touch along the medial and lateral border of the left leg, calf, and foot. MRI of the lumbar spine, dated 03/02/2012, revealed a small central disc protrusion with an underlying high intensity zone at the L4-L5 level. No neural compression was seen. Official report of the imaging study was not made available. Treatment to date has included oral analgesics, muscle relaxants, and left shoulder cortisone injection. Utilization review, dated 01/13/2014, denied the request for left sided L4 and L5 transforaminal and translaminar epidural steroid injection because there was no objective evidence to show that patient has had adequate conservative care, and it was unclear why two approaches are required when they have overlapping effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT SIDED L4 AND L5 TRANSLAMINAR LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of low back pain accompanied by radicular symptoms. On physical exam, decreased strength of the extensor hallucis longus and plantar flexors, and hypoesthesia over the left lower extremity were noted. Hyperextension maneuver and seated straight leg test were positive. However, MRI of the lumbar spine, dated 03/02/2012, noted no neural compression. In addition, medical records showed no evidence of failure in conservative care. Finally, a rationale for a translaminar ESI at L4-L5 level was not provided in the medical records, given that a transforaminal ESI at the same level has already been certified. The criteria for ESI have not been met. Therefore, the request for ONE LEFT SIDED L4 AND L5 TRANSLAMINAR LUMBAR EPIDURAL STEROID INJECTION is not medically necessary.