

Case Number:	CM14-0007849		
Date Assigned:	02/07/2014	Date of Injury:	02/06/2004
Decision Date:	07/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 70-year-old male with a reported date of injury on 02/06/2004. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar radiculitis to the right L3-4, chronic pain syndrome, myofascial pain syndrome and facet arthropathy of the bilateral L4-5 and L5-S1 facets. His previous treatments were noted to include trigger point injections, medications, aqua therapy and lumbar rhizotomy injections. The progress report dated 12/10/2013 reported that the injured worker complained of low back pain rated at a 7/10, and he had a bilateral rhizotomy of the lumbar spine at the L4-5 and L5-S1 facets on 10/16/2013 with significant relief in that region. The injured worker also had a transforaminal epidural steroid injection on 05/15/2013 on the right at L5-S1, which provided 50% relief and a 50% decrease in his right leg pain. The physical examination to the lumbar spine noted decreased range of motion, palpable muscle spasms in the bilateral lumbar paravertebral musculature, negative facet loading on the bilateral L4-5 and L5-S1 facets, positive slump's test to the right with pain radiating along the right L4 dermatome as well as a positive straight leg raise on the right with pain radiating along the L4 dermatome. The neurological examination revealed decreased sensation on the right L5-S1 dermatome, and motor strength was noted to be 4/4 in the bilateral lower extremities. The unofficial MRI of the lumbar spine dated 04/20/2012 revealed multilevel degenerative disc disease and facet arthropathy with retrolisthesis at L2-3 and L3-4 with grade I anterolisthesis at L4-5 and retrolisthesis at L5-S1 without right L4 pedicle/posterior element edema or stress reaction noted. The MRI report also revealed canal stenosis, including L2-3, L3-4 and L4-5 with moderate canal stenosis. Neural foraminal narrowing included L2-3 moderate right and moderate to severe left, L3-4 moderate to severe right and moderate left and L4-5 and L5-S1 severe bilateral neural foraminal narrowing. The Request for Authorization form was not submitted within the medical records. The request was

for a right L3-4 lumbar transforaminal steroid injection; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3- L4 lumbar transforaminal steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, pages 46 Page(s): 46.

Decision rationale: The request for a right L3-4 lumbar transforaminal steroid injection is not medically necessary. The injured worker has had a previous radiofrequency ablation at the bilateral L3, L4 and L5 medial branch nerves innervating the L4-5 and L5-S1 facets. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing with a home exercise program. The guideline criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections must be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction in medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation reporting if a previous right L3-4 epidural steroid injection has been performed. There is a lack of documentation regarding deep tendon reflexes on the right as compared to the left whether they were decreased or not. There is a lack of documentation regarding decreased sensation along the L3-4 dermatomes. Therefore, due to the lack of documentation showing significant neurological deficits, such as decreased sensation in the L3-4 dermatomal distribution, a transforaminal steroid injection is not warranted at this time. Therefore, the request is not medically necessary.