

Case Number:	CM14-0008599		
Date Assigned:	02/21/2014	Date of Injury:	10/06/1998
Decision Date:	07/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 patient is a 61-year-old male who has submitted a claim for other symptoms referable to back associated with an industrial injury date of October 6, 1998. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to the right leg. Physical examination of the lumbar spine showed loss of normal lordosis of the lumbar spine; limitation of motion; paravertebral muscle spasm and tight muscle band; tenderness over the L3, L4 and L5 spinous processes; and a positive lumbar facet loading on the right. MRI of the lumbar spine obtained on September 5, 2012 revealed L1-2 ligamentous hypertrophy; L2-3 subtle bilateral annular disc bulging, ligamentous hypertrophy; L3-L4 mild central stenosis, subtle annular disc bulging, ligamentous hypertrophy; and L5-S1 circumferential annular disc bulging, small annular tear posteriorly on the right, minor facet arthritis, less ligamentous hypertrophy, circumferential epidural lipomatosis. There were no disc protrusion/herniation, or significant foraminal stenosis. The diagnosis was lumbar facet syndrome. Treatment plan includes a request for transforaminal lumbar epidural injection. Treatment to date has included oral and topical analgesics, physical therapy and home exercises. Utilization review from December 10, 2013 denied the request for transforaminal lumbar epidural injection site L5-S1, right, because lumbar MRI findings do not corroborate a diagnosis of right lumbosacral radiculopathy or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection Site L5-S1 Right: Upheld

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

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

Decision rationale: According to page 46 of the California 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 no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, there were no objective findings of radiculopathy based on the most recent physical examination. MRI of the lumbar spine obtained on September 5, 2012 did not show disc protrusion/herniation or significant foraminal stenosis. The guideline requires documentation of radiculopathy by physical examination corroborated by imaging studies. The guideline criteria were not met. Therefore, the request for transforaminal lumbar epidural injection site L5-S1 right is not medically necessary.