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| Case Number: | CM14-0103723 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/11/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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, has a subspecialty in Pain 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 injured worker is a 30-year-old female with a reported injury on 12/11/2012. The mechanism of injury was that the injured worker was working as a cashier and she was performing her regular job duties as she was trying to pull down some stacks of receipt paper when she felt a pulling sensation in her lower back. She experienced immediate onset of pain to her lower back. Her diagnosis consisted of lumbar radiculopathy. It was noted that the injured worker has had previous chiropractic therapy and continued to work with modified duties. The injured worker had an MRI on 05/15/2013 that revealed L4-5 disc degeneration, bulge with some neural foraminal stenosis seen at this level. All other levels were within normal limits. The actual report was not provided for review. The injured worker had an examination on 06/13/2014. She reported her pain with medications at a level of 1/10 and without her medications at a level of 10/10. She reported that her pain medication did help her with her activities of daily living. Upon inspection of the lumbar spine, it revealed the loss of normal lordosis with straightening of the lumbar spine. Her range of motion was restricted with flexion limited to 20 degrees due to her pain. Upon palpation, the paravertebral muscles, hypertonicity, spasms and tenderness were noted on both sides. The patellar jerk was 1/4 on the right side and 2/4 on the left side. The injured worker complained of pressure with extension; however, there was pain with lumbar flexion that caused radiation into her posterior thigh, right greater than left. She did have a light touch sensation with increasing numbness in the L4 distribution while seated. Her motor examination was that she moved all her extremities well. Her medication list consisted of Duexis. The recommended plan of treatment was for her to have a diagnostic lumbar epidural steroidal injection to help determine possible disc related pain versus facet related pain. The Request for Authorization was signed and dated for 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 48.

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

Decision rationale: The request for Transforaminal Epidural Steroid Injection Right L4-L5 is not medically necessary. The California MTUS Guidelines recommend epidural steroidal injections for treatment of radicular pain that is documented by physical exam and corroborated by imaging studies. The injured worker also must be initially unresponsive to conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and the use of muscle relaxants. There is a lack of radiculopathy noted on the MRI and a lack of radiculopathy noted on the physical examination. There was a lack of evidence that the injured worker was unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants. There was no evidence that the injured worker was on these medications. The California MTUS Guidelines recommend the use of a fluoroscopy for guidance and the request does not specify the use of a fluoroscopy. The rationale was for diagnostic Epidural Steroid Injections (ESIs) to help determine possible disc related pain versus facet related pain. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Transforaminal Epidural Steroid Injection Right L4-L5 is not medically necessary.