

Case Number:	CM14-0107961		
Date Assigned:	08/01/2014	Date of Injury:	06/18/2013
Decision Date:	10/20/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 34-year-old male who has submitted a claim for lumbar degenerative disc disease associated from an industrial injury date of 06/18/2013. Medical records from 2014 were reviewed and showed that the patient complained of severe lumbar pain associated with moderate to severe muscle spasms and progressive limited range of motion to the lumbar spine. The pain was rated at 9 - 10 out of 10. The pain radiates to both lower extremities associated with tingling and numbness, as well as weakness. Physical examination revealed tenderness on palpation of lumbar paraspinal muscles. Deep palpation over lumbar spinous processes at level L4-L5, L5-S1 reproduced severe pain. Lumbar range of motion was limited. Neurological examination revealed sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all muscle groups in the bilateral upper extremities. MRI of the lumbar spine dated 09/12/2013 had shown 1-2mm posterior disc bulges at L4-L5 and L5-S1 without evidence of canal stenosis or neural foraminal narrowing. Treatment to date has included oral medications for pain, hot packs, ice, acupuncture, electrical stimulation, chiropractic care and physical therapy. Utilization review from 06/12/2014 denied the request for First left transforaminal lumbar epidural steroid injection under fluoroscopy guidance at L4-5, L5-S1. The reasons for denial were not expounded upon in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

First left transforaminal lumbar epidural steroid injection under fluoroscopy guidance at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

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. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, patient complained of severe lumbar pain associated with moderate to severe muscle spasms and progressive limited range of motion to the lumbar spine. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all muscle groups in the bilateral upper extremities. However, the imaging studies dated back in 2013 did not show radiculopathy. No electrodiagnostic study was mentioned in the submitted medical records. The patient has had no previous epidural steroid injections. The criteria for ESI have not been met. Therefore, the request for First left transforaminal lumbar epidural steroid injection under fluoroscopy guidance at L4-5, L5-S1 is not medically necessary.