

Case Number:	CM14-0018532		
Date Assigned:	04/18/2014	Date of Injury:	04/04/2000
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 58 year old female who reported an injury on 04/04/2000. An evaluation by [REDACTED] on 11/11/2013 indicated that injured worker had low back pain that radiated to buttocks and down the left leg. She reported that prolonged walking and standing worsen pain, significant pain and stiffness in lumbar spine and lower extremity with activities of daily living and increased low back pain rated at 9/10. Upon physical examination she had difficulty walking, tenderness with palpation of lumbar spine bilaterally; she was unable to perform range of motion of the lumbar spine secondary to pain and had a lack of balance. The injured worker is status post stimulator implant removal. She had multiple disc protrusions at L4 to S1 and lumbar radiculopathy. She underwent a L4-L5 and L5-S1 transforaminal bilateral injection on 07/24/2012 and on 11/30/2012. The submitted documents do not indicate if this was effective. The planned course of treatment includes quantity of 90 Soma 350mg taken one tab by mouth three times a day and a follow up visit in four to six weeks. A State of California Division of Workers' Compensation Request for Authorization for Medical Treatment dated 11/11/2013 was received on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK DISORDERS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION, 46

Decision rationale: The request for Bilateral Transforaminal Epidural Steroid Injection at L4-L5 and L5-S1 is non-certified. The injured worker has reported on 11/11/2013 chronic pain that radiates to buttocks and down her left leg. The physical evaluation was found to identify range of motion deficits but failed to mention decreased reflexes, sensation or motor strength. The evaluation did not indicate a positive straight leg raise. Imaging studies are not found in the documentation. The MTUS chronic pain medical treatment states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were two documented injections dated 07/24/2012 and 11/30/2012 with no evidence provided as to indicate relief. In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The request also does not indicate using fluoroscopy and the guidelines state that injections should be performed using fluoroscopy (live x-ray) for guidance. The criteria is not met for ESI (Epidural Steroid Injection) and therefore, the request for bilateral transforaminal epidural steroid injection at L4-L5 and L5-S1 is not medically necessary and appropriate.