

Case Number:	CM14-0019690		
Date Assigned:	04/25/2014	Date of Injury:	10/25/2004
Decision Date:	07/23/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 Illinois. 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 53 year old male with a reported injury on 10/25/2004; the mechanism of injury was not provided. The clinical note dated 01/21/2014 noted that the injured worker had complaints that included constant 8/10 pain to the low back that radiated into the bilateral lower extremities with numbness and tingling in the right toes. Objective findings included diffuse tenderness to the paravertebral musculature, moderate facet tenderness noted from L4 to S1, decreased range of motion measured at 40 degrees flexion and 10 degrees extension, and decreased sensation along the right L5 and S1 and left L5 dermatomes. Additional findings included positive Kemp's test bilaterally, positive straight leg raise bilaterally, and positive Farfan test bilaterally. It was noted that the injured worker failed conservative treatments to include an unknown number of physical therapy and chiropractic sessions, medication, and a home exercise program. An MRI dated 08/31/2009 revealed a posterior disc protrusion/extrusion at the L5-S1 level, which at its maximum measures 8mm and is causing pressure over the right S1 nerve. The request for authorization for two bilateral L5-S1 and right S1 transforaminal lumbar epidural injections was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 AND RIGHT S1 TRANSFORAMINAL LUMBAR EPIDURAL INJECTION X2: Upheld

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

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

Decision rationale: The request for bilateral L5-S1 and right S1 transforaminal lumbar epidural injections is not medically necessary. It was noted that the that the injured worker had complaints that included constant 8/10 pain to the low back that radiated into the bilateral lower extremities with numbness and tingling in the right toes. Objective findings included moderate facet tenderness noted from L4 to S1 and decreased sensation along the right L5 and S1 and left L5 dermatomes. Additional findings included positive Kemp's test bilaterally, positive straight leg raise bilaterally, and positive Farfan test bilaterally. It was noted that the injured worker failed conservative treatments to include an unknown number of physical therapy and chiropractic sessions, medication, and a home exercise program. An MRI dated 08/31/2009 revealed a posterior disc protrusion/extrusion at the L5-S1 level, which at its maximum measures 8mm and is causing pressure over the right S1 nerve. These criteria include documented radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing, failure of conservative care, injection must be performed using fluoroscopy, and the initial block must provide documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. As this request asks for a set of two injections it would be unknown if the first injection provided the proper therapeutic response; the guidelines would not recommend performing a second injection before first determining the efficacy of the first injection. As such, this request is not medically necessary.