

Case Number:	CM14-0110726		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2010
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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:

This is a 71 year old male with a 7/30/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/28/14 noted subjective complaints of low back pain. Objective findings included antalgic gait, decreased lumbar ROM, decreased muscle strength 4/5 of all muscle groups on the left. There was normal sensation. Lumbar MRI 2/2012 showed L4/5 mild central stenosis, abutment of the traversing L5 nerve roots bilaterally and moderate stenosis of the bilateral neural foramen and abutment of the exiting L4 nerve roots bilaterally. It also showed L5/S1 mild to moderate neural foraminal stenosis with abutment of the L5 exiting nerve roots bilaterally. EMG/NCV showed mild to moderate S1 radiculopathy. Diagnostic Impression: lumbar degenerative disc disease. Treatment to Date: medication management, physical therapy. A UR decision dated 6/19/14 denied the request for left L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopy. There are not enough conclusive neurologic findings to substantiate the diagnosis of L4, L5 and S1 radiculopathies by physical examination alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal epidural steroid injection with fluroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the provider notes document 4/5 strength of the left lower extremity in all muscle groups. There are no sensory deficits. There is no dermatomal distribution of neurological findings to suggest radiculopathy. Additionally, there is no clear documentation of failure of conservative measures. Furthermore, electrodiagnostic studies suggest mild S1 radiculopathy; it is unclear why the L4-5 level is also requested. Therefore, the request for left L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopy was not medically necessary.