

Case Number:	CM14-0112759		
Date Assigned:	08/01/2014	Date of Injury:	04/30/1998
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/19/2014

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 Anesthesiology, 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 40 year old female who sustained an injury to her low back on 04/30/98. Mechanism of injury was not documented. There were no recent imaging studies provided for review; however, MRI of the lumbar spine dated 07/10/10 revealed disc height loss and broad-based central disc protrusion effacing the ventral epidural fat by approximately 2mm at L2-3; disc height loss with broad-based central disc protrusion and ridging osteophytes effacing the ventral epidural fat by approximately 5mm at L3-4; L5-S1 disc desiccation; broad-based central disc protrusion effacing the ventral epidural fat by approximately 3mm; grade 1 spondylolisthesis of L4 on L5. Clinical note dated 05/19/14 reported that the injured worker continued to complain of moderate to severe low back pain associated with severe muscle spasms and progressive limited range of motion 8/10 visual analog scale with flare-ups. Physical examination noted Gaenslen's and Patrick's tests positive; sacroiliac joint thrust demonstrated severely positive; pain while standing, climbing, or standing up from a sitting position without the aid of the upper torso; weakness along with numbness and tingling in the right leg progressive, as injured worker complained of experiencing severity of these symptoms while climbing stairs, long walks, activities of daily living, and performing home exercise program. Lumbar paraspinal muscles were noticed on deep palpation with severe guarding associated with reproduction of pain; deep palpation over the lumbar spinous process at L2-3 and L3-4 reproduced severe pain radiating to corresponding dermatome in the right leg. The injured worker stated that physical therapy and acupuncture treatments provided limited improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st Right Transforaminal Lumbar epidural steroid injection L2-L3, L3-4 under fluoroscopy guidance: Upheld

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

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

Decision rationale: There was no indication of nerve root compression on imaging for the requested procedure. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated with imaging studies and/or electrodiagnostic testing and that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the requestor one right transforaminal lumbar spine epidural steroid injection at L2-3 and L3-4 under fluoroscopic guidance is not indicated as medically necessary.