

Case Number:	CM14-0117207		
Date Assigned:	08/06/2014	Date of Injury:	10/19/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family 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 54 year old male with a 10/19/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/18/14 noted subjective complaints of low back pain and right shoulder pain. Objective findings included decreased motor strength in the extensor hallucis longus and ankle dorsiflexion on the right, decreased sensation to light touch over L4 and S1 right distribution. MRI of the lumbar spine 5/14 showed L4-5 and L5-S1 disc protrusion with moderate to marked right foraminal stenosis. Diagnostic Impression: lumbar radiculopathy, lumbar facet syndrome. Treatment to Date: medication management. A UR decision dated 7/23/14 denied the request for transforaminal lumbar epidural injection right L4- L5 and L5-S1. There is no indication that the patient has attempted a course of physical medicine for his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection right L4-L5 and L5-S1: Upheld

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

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. There is both physical exam as well as MRI findings suggestive of radiculopathy. However, in the documents provided for review, there is no mention of aggressive conservative treatment such as physical therapy. Therefore, the request for transforaminal lumbar epidural injection right L4-L5 and L5-S1 is not medically necessary.