

Case Number:	CM14-0121978		
Date Assigned:	08/06/2014	Date of Injury:	02/08/2009
Decision Date:	10/01/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 51-year-old male with a reported date of injury on 02/08/2009. The mechanism of injury was noted to be from swinging a fire axe. His diagnoses were noted to include lumbar displaced intervertebral disc/herniated nucleus pulposus. His previous treatments were noted to include medications, home exercise program, massage therapy, and acupuncture. The progress note dated 06/30/2014 revealed complaints of back pain that had increased and radiated to the right thigh. The complaints revealed there was a severe increase in the lower extremity radicular pain secondary to L5-S1 disc protrusion. The injured worker only partially responded to a course of prednisone and the symptoms actually intensified. The physical examination revealed restricted range of motion. There was a positive straight leg raise to the right lower extremity and sensation was intact to light touch, and deep tendon reflexes were 1+ and symmetrical to the C5-7, L4, and S1. The motor testing rated 5/5 in all groups without evidence of atrophy. The provider indicated an MRI performed 11/05/2009 that revealed retrolisthesis at L3-4 and L4-5. There was also a bulging disc at L3-4. The Request for Authorization form dated 07/01/2014 was for a transforaminal epidural to the L5-S1 right side for radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5/S1 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: The request for Right L5/S1 Transforaminal Epidural Injection is not medically necessary. The injured worker complained of radiating pain to the bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. The MRI showed retrolisthesis at L3-4 and L4-5 and a bulging disc at L3-4. The documentation provided indicated there was a positive straight leg raise to the right lower extremity and tenderness at the midline at L5 with diffuse paraspinal spasm on the right side. The clinical findings, however; had a lack of significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.