

Case Number:	CM14-0128644		
Date Assigned:	08/18/2014	Date of Injury:	08/15/2008
Decision Date:	09/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with an injury date of 08/15/2008. According to the 07/07/2014 progress report, the patient presents with pain in his neck, lower back, right lower extremity, right shoulder, and also has headaches. The pain in his lower back radiates to both of his legs. The patient claims that he has had injections in the past "that provided significant pain relief; the last injection was in 2011." The patient's activity level has decreased, and he is uninvolved in an either forms of exercise. Straight leg raise test is positive on both sides. In regards to the lumbar spine, on palpation, bilateral tenderness and trigger point (a twitch response was obtained along with radiating pain on palpation) paravertebral muscles. The 04/24/2014 MRI of the lumbar spine revealed that, at L3-L4, there is trace annular bulging disk. At L4-L5, there is mild diffuse bulging disk which shows a small right lateral component. This results in mild narrowing of the right neuroforamen. The thecal sac and left neuroforamen remain widely patent. The patient's diagnoses include the following: Thoracic or lumbar disk displacement without myelopathy, sciatica, occipital neuralgia, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, unspecified myalgia and myositis, abnormality of gait, and head injury, which is not otherwise specified. The utilization review determination being challenged is dated 07/22/2014. Treatment reports were provided from 01/20/2014, 04/14/2014, 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Injection Right L4 under fluoroscopy.: 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 Page(s): 46, 47.

Decision rationale: Based on the 07/07/2014 progress report, the patient presents with pain in his neck, lower back, right lower extremity, right shoulder, and also has headaches. The request is for a transforaminal injection right L4 under fluoroscopy. In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." In this case, the patient does present with a positive straight leg raise and has an MRI, which reveals a bulging disk at L3-L4 and L4-L5. At L4-L5, there is mild narrowing of the right neuroforamen. The patient has mild degenerative disk disease at L2-L3 and L3-L4, but with no evidence of neural impingement. Examination is non-specific with positive SLR's bilaterally. No tendon reflex changes are noted to suspect right L4 radiculopathy. The patient's leg symptoms are not described in an L4 nerve root distribution. MRI showed only a mild narrowing of right foramen at L4-5. There is lack of evidence that this patient suffers from L4 radiculopathy. Therefore, the request is not medically necessary.