

Case Number:	CM14-0129166		
Date Assigned:	08/20/2014	Date of Injury:	03/15/2007
Decision Date:	09/23/2014	UR Denial Date:	07/29/2014
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 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 67 year old female with a 3/15/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/8/14 noted subjective complaints of low back pain radiating to the lower extremities. Objective findings included normal motor strength lower extremities bilaterally, and normal sensation lower extremities. There were symmetric DTRs lower extremities. It was noted that the patient underwent bilateral transforaminal ESI in 8/13 which were extremely helpful with patient having significant improvement and reducing use of narcotics. It was noted that MRI 7/5/13 showed left sided disk protrusion at L3-L4 with encroachment of the thecal sac and abutment of L3 and L4 nerve root. At L4-5, there was extruded disk abutting left L4 nerve root. EMG/NCV indicated L4 and L5 radiculopathy on the left. These MRI and EMG/NCV results have been noted on multiple progress reports, however the official reports are not available for review. Diagnostic Impression: lumbar radiculitis Treatment to Date: medication management, prior lumbar ESI, physical therapy, chiropractic. A UR decision dated 7/29/14 modified the request for bilateral transforaminal epidural steroid injection at L4-L5. Only the left sided injection is supported, as MRI showed left root impingement but no pathology involving the right sided roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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. The previous ESI was documented to have resulted in adequate pain relief. However, both the lumbar MRI as well as EMG/NCV demonstrate only objective evidence of left sided radiculopathy. It is unclear how the patient would benefit from bilateral injections. Therefore, the request for bilateral transforaminal epidural steroid injection at L4-L5 was not medically necessary.