

Case Number:	CM14-0129647		
Date Assigned:	08/20/2014	Date of Injury:	01/06/2013
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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:

The injured worker is a 60-year-old female who reported an injury on 01/06/2013 due to a lifting injury. On 07/18/2014, she presented with low back pain radiating to the left leg. Examination of the lumbar spine revealed range of motion to forward flexion is 45 degrees, extension is 15 degrees, and side bending is 20 degrees to the right and 20 degrees to the left. There was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm. There was no spinous process tenderness or masses palpable along the lumbar spine. There was a positive straight leg raise to the left. There was 5/5 motor strength and diminished sensation from the left L5 and S1 dermatomes of the lower extremities. Diagnoses were lumbar radiculitis and lumbar postlaminectomy syndrome. Prior therapy included surgery and medications. The provider recommended a transforaminal epidural steroid injection at L4-5. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L4: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review revealed tenderness to palpation over the bilateral paraspinal muscles consistent with spasm, a positive straight leg raise to the left, 5/5 motor strength, and diminished sensation to the left L5 and S1 dermatomes. There is a lack of documentation of electrodiagnostic testing or imaging findings of radiculopathy. Additionally, the injured worker's objective functional deficits were left-sided. More information is needed on right-sided objective deficit findings. Additionally, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Based on the above, the request for a transforaminal epidural steroid injection at L4 is not medically necessary.

Transforaminal epidural steroid injection at L5: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review revealed tenderness to palpation over the bilateral paraspinal muscles consistent with spasm, a positive straight leg raise to the left, 5/5 motor strength, and diminished sensation to the left L5 and S1 dermatomes. There is a lack of documentation of electrodiagnostic testing or imaging findings of radiculopathy. Additionally, the injured worker's objective functional deficits were left-sided. More information is needed on right-sided objective deficit findings. Additionally, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Based on the above, the request for a transforaminal epidural steroid injection at L5 is not medically necessary.