

Case Number:	CM14-0130406		
Date Assigned:	09/16/2014	Date of Injury:	11/18/2009
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 45-year-old male who sustained an injury on 11/18/09. The only medical record submitted with this request was the report dated 4/9/14 - He complained of low back pain and numbness and weakness in the right leg. He also reported decreased right wrist pain. ROM (range of motion) of L-spine indicated no limitations with flexion, extension, and lateral rotation. Palpation revealed trigger points on both side. There was positive lumbar facet loading on both sides. SLR was negative bilaterally at 90 degrees. Oswestry Index for the low back scored 66% L-spine MRI indicated degenerative changes at L5-S1, with severe left neural foraminal narrowing likely impinging the left L5 nerve as it exits the foramen; and dorsal broad-based protrusion at L4-5 with a stable annular tear. He had carpal tunnel release on 4/8/11 for the right and on 5/19/11 for the left. His medications include Dendracin Lotion, Naproxen Sodium, Clonazepam, Gabapentin, Hydrocodone-acetaminophen, Bactrim DS, and Bupropion SR. He had a right trochanteric bursa injection with 80% relief, right carpal tunnel injection with 80% relief and left carpal tunnel injection on 04/09/14. Diagnoses include carpal tunnel syndrome, osteoarthritis of hip, lumbar facet arthropathy, lumbosacral and cervical radiculitis, cervical and thoracic facet arthropathy, lumbar degenerative disc disease, occipital neuralgia, and myofascial pain syndrome. The request for right transforaminal lumbar epidural steroid injection at the levels L4 and L5 under fluoroscopic guidance was denied on 08/01/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Lumbar Epidural Steroid Injection at the Levels L4 and L5 Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is little to no clinical evidence of radiculopathy corroborated with imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy of at least 4-6 weeks duration. Therefore, the medical necessity of the request for ESI is not established.