

Case Number:	CM14-0132351		
Date Assigned:	09/19/2014	Date of Injury:	12/19/2011
Decision Date:	10/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported a work related injury on 12/19/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar degenerative disc disease; lumbar disc protrusion, at multiple levels; lumbar facet arthropathy, and lumbar radiculopathy. The injured worker's past treatments have included physical therapy, aquatic therapy, chiropractic care, acupuncture, and injections. The injured worker diagnostic studies included an MRI on 06/07/2013 of the lumbar spine which revealed degenerative marginal osteophytes at the anterosuperior and anteroinferior endplates of L1-3, disc desiccation at L1-2 through L5-S1 with associated decreased in the disc height, grade 1 degenerative retrolisthesis of L1 on L2, L2 on L3 and L5 on S1, and disc herniation. An MRI dated 04/11/2012 of the lumbar spine revealed straightening of the lumbar lordotic curvature, disc dehydration throughout the lumbar spine, loss of disc height, diffuse disc protrusion with effacement of the thecal sac and grade 1 anterolisthesis. Surgical history was not available. Upon examination on 08/21/2014, the injured worker complained of severe mechanical low back pain as well as pain in the bilateral lower extremities. She stated that she is having the most difficult time with her low back pain and spasms. The injured worker also stated that her current medication regimen is working well for her, as it effectively reduces her pain and spasms to a more tolerable level. The injured worker noted that her pain was reduced from a 7/10 to 8/10 down to a 5/10 to 7/10 in intensity with the use of medications. The injured worker's medications include tramadol, gabapentin, cyclobenzaprine, ibuprofen, omeprazole, and Terocin patch. The treatment plan consisted of transforaminal epidural steroid injections at L4-S1 bilaterally. The rationale for the request is physical therapy and chiropractic adjustments cause more aggravation of the injured worker's pain than improvement. Therefore, the provider

believed that a transforaminal epidural steroid injection would help with the pain. The Request for Authorization form was not submitted 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, L4 - S1, bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; criteria for the use of.

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

Decision rationale: The request for transforaminal epidural steroid injection, L4 - S1, bilaterally is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Furthermore, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation provided for review, upon physical examination there were no signs to coincide with radiculopathy such as sensory changes or motor strength deficits in a specific dermatomal or myotomal distribution. As such, the request for transforaminal epidural steroid injection, L4 - S1, bilaterally is not medically necessary.