

Case Number:	CM14-0133182		
Date Assigned:	08/22/2014	Date of Injury:	11/02/1998
Decision Date:	10/08/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 11/02/1998. The mechanism of injury was lifting. He is diagnosed with lumbar disc herniation. His past treatments were noted to have included medications, physical therapy, activity modification, and cervical spine surgery. He was noted to have undergone electrodiagnostic studies of the bilateral lower extremities on 05/18/2008 which reportedly revealed evidence of mild chronic bilateral radiculopathy at L4-5. Additionally, he was noted to have had an MRI of the lumbar spine on 01/20/2009 which reportedly revealed spondylolisthesis at L5 over S1 and mild narrowing of the bilateral neural foramina at this level. On 09/25/2012, the injured worker underwent a Qualified Medical Evaluation. His symptoms were noted to include low back pain with radiation into the buttocks and legs. The physical examination of the lumbar spine was noted to reveal decreased range of motion and paralumbar tenderness. However, findings from a neurological examination of the bilateral lower extremities were not provided. A request was received for a left transforaminal injection at L5-S1 and a right transforaminal injection at L5-S1. However, a clinical note with a rationale for this request was not submitted for review. Additionally, there were no recent clinical notes submitted to establish the injured worker's current clinical presentation with symptoms and physical examination findings. The Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, epidural steroid injection may be recommended for patients with radiculopathy on physical examination and corroboration with imaging studies and/or electrodiagnostic testing. Additionally, patients need to have been shown to have been unresponsive to initially recommended conservative treatment and injections are recommended using fluoroscopic guidance. The clinical information submitted for review included only a 09/25/2012 medical evaluation which indicated the injured worker had low back pain with radiating pain to the bilateral lower extremities. However, there was no documentation of neurological deficits in the bilateral lower extremities at that time. In addition, recent clinical documentation with physical examination findings suggestive of radiculopathy was not provided. Furthermore, electrodiagnostic study and MRI reports were not provided in order to verify the noted findings. In the absence of clear evidence of radiculopathy on recent physical examination and corroboration by diagnostic testing, epidural steroid injections are not recommended. In addition, the request as submitted did not indicate that fluoroscopic guidance would be used. For the reasons noted above, the request of Left Transforaminal injection at L5-S1 is not medically necessary and appropriate.

Right transforaminal injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, epidural steroid injection may be recommended for patients with radiculopathy on physical examination and corroboration with imaging studies and/or electrodiagnostic testing. Additionally, patients need to have been shown to have been unresponsive to initially recommended conservative treatment and injections are recommended using fluoroscopic guidance. The clinical information submitted for review included only a 09/25/2012 medical evaluation which indicated the injured worker had low back pain with radiating pain to the bilateral lower extremities. However, there was no documentation of neurological deficits in the bilateral lower extremities at that time. In addition, recent clinical documentation with physical examination findings suggestive of radiculopathy was not provided. Furthermore, electrodiagnostic study and MRI reports were not provided in order to verify the noted findings. In the absence of clear evidence of radiculopathy on recent physical examination and corroboration by diagnostic testing, epidural steroid injections are not recommended. In addition, the request as submitted did not indicate that fluoroscopic guidance would be used. For the reasons noted above, the request of Right Transforaminal injection at L5-S1 is not medically necessary and appropriate.

