

Case Number:	CM14-0138227		
Date Assigned:	09/05/2014	Date of Injury:	06/16/2006
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 60-year-old male who reported an injury on 06/16/2006 who sustained injuries to his low back. The injured worker's treatment history included injections, myofascial therapy, lumbar brace, medications, and surgery. The injured worker was evaluated on 08/21/2014 and it was documented that the injured worker complained of severe pain along right side of the low back. He stated the treatment that helped him the most was the myofascial therapy and it was abruptly discontinued after 2 to 3 sessions. The injured worker stated his pain was getting worse. It was documented the MRI that was done on 07/2014 showed severe DDD and facet arthropathy with multilevel spinal stenosis and NF narrowing. Physical examination revealed lumbar range of motion was limited in flexion and limited in extension, lateral rotation and lateral bending was increased, and concordant pain in those planes. Motor strength was 5/5 bilateral lower extremities. Sensation was normal to light touch, pinprick, and temperature along all dermatomes bilateral extremities except decreased along left L3, L4 to touch and left L3, L4, L5 to PP. DTRs are 1+ bilateral ankles and 2+ right ankle, 1+ left knee. Straight leg raise test was negative bilaterally for radicular s/s until 60 degrees but reports axial pain. Patrick/Gaenslen's test was negative for SI arthropathy. TPI right lumbar ms gorpus with referral pattern consistent with myofascial pain. Diagnoses included post-laminectomy syndrome, lumbar, lumbar disc with radiculitis, and degeneration of lumbar disc. Request for Authorization dated 07/24/2014 was for left L3, L4, and L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3, L4, and L5 Transforaminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving epidural steroid injection however, there was no mentioned of functional improvement in activities of daily living or duration of improvement after receiving the injection. As such the request for left L3, L4, and L5 transforaminal epidural steroid injections is not medically necessary.