

Case Number:	CM14-0152226		
Date Assigned:	09/22/2014	Date of Injury:	07/21/2006
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiologist and 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 72-year-old female who reported injury on 07/21/2006. The mechanism of injury was not provided. The injured worker's diagnoses included chronic cervical strain, advanced degenerative disc disease at C4-5, chronic lumbosacral strain, herniated disc at L4-5 and L5-S1, fractures of T10, T11 and T12, left greater trochanteric bursitis, left sided disc bulging at L3-4, and small to moderate left paracentral herniation at L4-5. The injured worker's past treatments include physical therapy and medications. The injured worker's diagnostic testing included official MRI of the lumbar spine on 08/08/2014, which revealed a 1 mm diabetes without canal or foraminal stenosis at L3-4 and a 1 mm disc bulge and 4 mm left foraminal protrusion slightly increased at L4-5. The injured worker's surgical history was not provided. On the clinical note dated 09/18/2014, the injured worker complained of back and left leg pain. The injured worker had profound weakness of her left extensor hallucis longus muscle at +3/5, loss of sensation throughout her left leg, diminished knee reflex on the right, and an inability to toe walk or heel walk on the left. The injured worker is noted to have range of motion 10% of normal in all planes. Straight leg raising is painful at 45 degrees on the left, negative on the right. The injured worker's medications were not provided. The request was for outpatient lumbar transforaminal epidural steroid injection (ESI) at L4-5. The rationale was not provided. The Request for Authorization was submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar transforaminal epidural steroid injection (ESI) at L4-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 ESI, Page(s): 46..

Decision rationale: The request for outpatient lumbar transforaminal epidural steroid injection (ESI) at L4-5 is not medically necessary. The injured worker is diagnosed with chronic cervical strain, advanced degenerative disc disease at C4-5, chronic lumbosacral strain, herniated disc at L4-5 and L5-S1, fractures of T10, T11 and T12, left greater trochanteric bursitis, left sided disc bulging at L3-4 and small to moderate left paracentral herniation at L4-5. The injured worker continues to complain of back and left leg pain. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initial unresponsiveness to conservative treatment must be documented. Injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks and fused levels should not be injected. The injured worker's medical records indicate a failure of physical therapy and medications. The injured worker's medical records included MRI of the lumbar spine dated 08/08/2014 that showed 1 mm disc bulge and 4 mm left foraminal protrusion at L4-5. The injured worker's medical records indicate range of motion is 10% of normal in all planes. Sensory examination is diminished in the left lower extremity. Motor strength is noted as +3/5 in the left extensor hallucis longus muscle. However, the request does not indicate that the epidural steroid injection would be performed under fluoroscopic guidance. As such, the request for outpatient lumbar transforaminal epidural steroid injection (ESI) at L4-5 is not medically necessary.