

Case Number:	CM14-0152953		
Date Assigned:	09/23/2014	Date of Injury:	12/05/2012
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is 50-year-old female who has submitted a claim for lumbago associated from an industrial injury date of 12/05/2012. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of low back pain rated at 7 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed loss of normal lordosis with straightening of the lumbar spine. On palpation of the paravertebral muscles, tenderness, spasm and tight muscle band was noted. Straight leg raising test is positive on the left side. FABER test is positive as well. Patient has had previous epidural steroid injections the most recent one, dated 12/17/2013. Patient reported no improvement in pain and rather she had a flare-up of back spasms and increased left leg tingling. MRI of the lumbar spine dated 02/14/2013 had shown that there is moderate narrowing of the right L3 neural foramen with impression on the caudal margin of the exiting right L3 nerve root as it exits the neural foramen. Electromyography (EMG)/ nerve conduction study (NCS) report dated 12/05/2013 showed L5 and S1 radiculopathy. Treatment to date has included oral medications for pain and epidural steroid injections. Utilization review from 09/11/2014 denied the request for transforaminal lumbar epidural injection at the bilateral L3 because there is no clear indication why the level L3 was being targeted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transformaminal Lumbar Epidural Injection (Site L3): Upheld

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

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, patient complained of low back pain. Physical examination revealed straight leg raising test is positive on the left side and FABER test is positive as well. An EMG/NCS report dated 12/05/2013 only showed L5 and S1 radiculopathy. However, MRI of the lumbar spine dated 02/14/2013 had shown that there is moderate narrowing of the right L3 neural foramen with impression on the caudal margin of the exiting right L3 nerve root as it exits the neural foramen. However, the patient has had previous epidural steroid injection dated 12/17/2013. The patient reported a flare-up of back spasms after injection. The documentation did not show that the patient reported at least 50% pain relief nor associated reduction of medication use for 6 to 8 weeks. The criteria for ESI have not been met. Therefore, the request for Transforaminal Lumbar Epidural Injection (Site L3) is not medically necessary.