

Case Number:	CM14-0154092		
Date Assigned:	09/23/2014	Date of Injury:	09/17/2012
Decision Date:	10/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 & 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 47-year-old female who reported an injury on 09/17/2012. The mechanism of injury was not provided. Diagnoses included nonradicular low back pain and lumbosacral spine strain with right leg radicular symptoms, posterior disc bulge at L2-3, L3-4, and L5-S1, possible annular tear at L5-S1, and bilateral sacroiliac joint pain. Past diagnostics included an unofficial MRI of the lumbar spine which reportedly revealed disc bulge at L2-3, L3-4, and L5-S1, as well as a possible annular tear at L5-S1. Surgical history was not provided. The physical exam dated 09/08/2014 indicated the injured worker reported pain in the right gluteal rated 2/10, and denied pain, numbness, and tingling down the bilateral lower extremities. The physical exam of the lumbar spine revealed negative straight leg raise, full range of motion, and mild to moderate tenderness to palpation. Current medications included Lidoderm patch. The treatment plan included L4-5 right side transforaminal epidural steroid injection, and L5-S1 right side transforaminal epidural steroid injection. The rationale for the request was not provided. The Request for Authorization Form was completed on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 right side transforaminal epidural injection under fluoroscopy with dye enhancement Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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 request for L4-5 right side transforaminal epidural steroid injection under fluoroscopy with dye enhancement is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The specific criteria for the use of these injections includes radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The clinical note dated 09/08/2014 indicated the injured worker complained of pain rated 2/10 in the right gluteal area, but denied having pain, numbness and tingling down the bilateral lower extremities. The physical exam revealed negative bilateral straight leg raise. An unofficial MRI of the lumbar spine revealed disc bulge at L4-5 and L5-S1, and a possible annular tear at L5-S1. There is a lack of documented physical exam findings corroborated by imaging studies to support the diagnosis of radiculopathy, and the injured worker specifically denied symptoms of radiculopathy. Therefore, the request cannot be supported at this time. As such, the request for L4-5 right side transforaminal epidural steroid injection under fluoroscopy with dye enhancement is not medically necessary.

L5-S1 right side transforaminal epidural injection under fluoroscopy with dye enhancement Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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 request for L5-S1 right side transforaminal epidural steroid injection under fluoroscopy with dye enhancement is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The specific criteria for the use of these injections include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The clinical note dated 09/08/2014 indicated the injured worker complained of pain rated 2/10 in the right gluteal area, but denied having pain, numbness and tingling down the bilateral lower extremities. The physical exam revealed negative bilateral straight leg raise. An unofficial MRI of the lumbar spine revealed disc bulge at L4-5 and L5-S1, and a possible annular tear at L5-S1. There is a lack of documented physical exam findings corroborated by imaging studies to support the diagnosis of radiculopathy, and the injured worker specifically denied symptoms of radiculopathy. Therefore, the request cannot be

supported at this time. As such, the request for L5-S1 right side transforaminal epidural steroid injection under fluoroscopy with dye enhancement is not medically necessary.