

Case Number:	CM14-0155408		
Date Assigned:	09/25/2014	Date of Injury:	09/05/1989
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain Management, and is licensed to practice in Minnesota. 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 54-year-old male who reported an injury on 09/05/1989. The mechanism of injury was a trip and fall. Diagnoses included myofascial pain syndrome, chronic low back pain, lumbar radiculopathy, degenerative disc disease of the lumbosacral spine, and depression. Past treatments included lumbar epidural steroid injections, nerve blocks, physical therapy, right AFO, heat and ice therapy, and medications. Diagnostic studies included an official EMG and NCV on 08/19/2011, which revealed the presence of right L4 and left L5-S1 radiculopathy. An unofficial MRI of the lumbar spine was completed in 04/2012, and reportedly revealed left L3-4 and left L4-5 disc protrusions. Pertinent surgical history was not provided. The clinical note dated 09/03/2014 indicated the injured worker complained of low back pain radiating to the bilateral lower extremities rated 6/10 to 9/10. The physical exam revealed positive bilateral straight leg raise, trigger points in the lumbar paraspinal muscles, and decreased sensation in the right L4 and L5 dermatomes. Motor strength for the bilateral lower extremities was rated 5/5 except for plantar flexion and dorsiflexion, which were rated 4/5 for the right lower extremity and 4+/5 for the left lower extremity. Deep tendon reflexes were rated 2+ except for the bilateral ankles, which were rated 1+. Current medications included Norco 10/325 mg, OxyContin 80 mg, and Prevacid 30 mg. The treatment plan included transforaminal epidural steroid injection at right L3-4, followed 1 week later by transforaminal epidural steroid injection at left L3-4. The rationale for treatment was to decrease pain and improve daily activity tolerance. The Request for Authorization Form was completed on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI Right L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 Transforaminal ESI Right L3-4 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 criteria for the use of these injections include documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In the therapeutic phase, 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 weeks to 8 weeks. The injured worker complained of low back pain radiating to the bilateral lower extremities. In 06/2012, he underwent an epidural steroid injection at the left L4-5 levels, with 8 weeks of 60% to 70% relief of pain. The physical exam revealed positive bilateral straight leg raise and decreased sensation in the right L4 and L5 dermatomes. Bilateral lower extremity strength values were rated 5/5 except for right plantar flexion and dorsiflexion of 4/5, and left plantar flexion and dorsiflexion of 4+/5. Deep tendon reflexes were rated 2+, except for the bilateral ankles which were rated 1+. Official electrodiagnostic studies on 08/19/2011 revealed the presence of right L4 and left L5-S1 radiculopathy. The electrodiagnostic testing and physical examination findings do not corroborate findings of radiculopathy at bilateral L3-4. There is also no indication of the failure of a recent trial of conservative care. Therefore, the request cannot be supported at this time. As such, the request for Transforaminal ESI Right L3-4 is not medically necessary.

Transforaminal ESI Left 3-4 (one week later): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 Transforaminal ESI Left 3-4 (one week later) 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 criteria for the use of these injections include documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In the therapeutic phase, 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 weeks to 8 weeks. The injured worker complained of low back pain radiating to the bilateral lower extremities. In 06/2012, he underwent an epidural steroid injection at the left L4-5 levels, with 8 weeks of 60% to 70% relief of pain. The physical exam revealed positive bilateral straight leg raise and decreased sensation in the right L4 and L5 dermatomes. Bilateral lower extremity strength values were rated 5/5 except for right plantar flexion and dorsiflexion of 4/5, and left plantar flexion and dorsiflexion of 4+/5. Deep tendon reflexes were rated 2+, except for the bilateral ankles which were rated 1+. Official electrodiagnostic studies on 08/19/2011 revealed the presence of right L4 and left L5-S1 radiculopathy. There is a lack of clinical documentation of physical exam findings of left L3-4 radiculopathy. Additionally, the electrodiagnostic testing does not corroborate findings of radiculopathy at bilateral L3-4. Furthermore, there is a lack of documentation regarding the failure of a recent trial of conservative care. Therefore, the request cannot be supported at this time. As such, the request for Transforaminal ESI Left 3-4 (one week later) is not medically necessary.