MAXIMUS Federal Services

Case Number:	CM14-0156027		
Date Assigned:	09/25/2014	Date of Injury:	09/10/2013
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
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 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 45-year-old female who reported an injury on 09/10/2013. The mechanism of injury occurred when she slipped and fell. An MRI of the lumbar spine performed on 10/09/2013 revealed no significant abnormality or anterior alignment; at the L4-5 level there was mild focal protrusion centrally, there was contact with cord; the cord had very mild effacement or canal stenosis; there was negative foraminal stenosis noted with mild degenerative disc disease of the facet joints. On 08/14/2014, the injured worker presented with left hip pain. Upon examination of the left hip there was no swelling, deformity or effusion. There was tenderness to palpation of the greater trochanter and no pain with range of motion. The joint was stable and tracks well with range of motion with no instability, manipulation or weight bearing. There was a positive Patrick's test. The strength was 5/5 with normal reflexes. The diagnoses were left hip greater trochanteric bursitis, left hip osteoarthritis and lumbar radiculopathy. Prior therapy included physical therapy. The provider recommended a transforaminal epidural steroid injection in the left L5. The provider's rationale was not provided. The Request for Authorization form was not included in the medication documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection on The Left at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 68.

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

Decision rationale: The request for a transforaminal epidural steroid injection of the left L5 is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker had completed initially recommended conservative treatment, but continued to complain of pain. An MRI of the lumbar spine noted very mild focal protrusion centrally. There was very mild effacement and canal stenosis and it was negative for foraminal stenosis. There was normal sensation, 5/5 strength and tenderness to palpation of the greater trochanter. There is lack of documentation of tenderness over the left L5 facet joints. More information is needed on the results of the straight leg raise test. Additionally, documentation failed to show the injured worker will be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, medical necessity has not been established.