

Case Number:	CM14-0172641		
Date Assigned:	10/23/2014	Date of Injury:	06/29/2006
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this patient is a 58-year-old female with complaints of persistent pain in her mid-back and low back with numbness and weakness of the lower extremities, right side greater than left. The date of injury is 6/29/14 and the mechanism of injury was that while moving a patient she felt a pulling sensation in her back and right arm. At the time of request for lumbar transforaminal epidural steroid injection (ESI) at left L3-4 and L4-5 and lumbar transforaminal ESI at right L4-5, there is subjective (8/10 persistent pain without medications and 5/10 with medications, acupuncture therapy with significant relief for two months), objective (stiffness of the facet joints associated with muscular guarding over the paraspinal musculature and unable to perform range of motion) findings. Lumbar spine MRI dated 9/2/14 revealed early disc desiccation at T11-12, L3-4, L4-5 and L5-S1 levels, grade 1 anterolisthesis of L4 over L5 without evidence of pars fracture. NCV dated 9/26/14 revealed abnormal NCV/SSEP of the LE in a pattern consistent with right tibial and right peroneal neuropathies. Electromyography (EMG) dated 9/26/14 revealed L4-5 and L5-S1 radiculopathy. The current medications are Tramadol, Diclofenac Sodium, Omeprazole, Cyclobenzaprine, and Mirtazapine. The diagnoses are cervical spine, lumbar spine, and thoracic spine herniated disc pulposus, stress, insomnia, rule out fibromyalgia, and fatigue. As per the California MTUS guidelines, the purpose of the epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per California MTUS guidelines, ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be 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 request for lumbar transforaminal epidural steroid injection at left L3-4 and L4-5 and right at L4-5 was modified on 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at left L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: As per the California MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per the California MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be 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). In review of the medical records, there is documentation for L4-5 radicular pain but no mention of left anterior lower extremity pain nor are there clinical exam findings consistent with an L3 radiculopathy. Therefore, the medical necessity of the request for left L3-4 and left L4-5 transforaminal epidural steroid injection is not established. The request is not medically necessary.

Lumbar transforaminal epidural steroid injection at right L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: As per the California MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per the California MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be 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). There is clinical evidence of L4-5 radicular pain. Therefore, the medical necessity of the request for ESI is established. This request is medically necessary.