

Case Number:	CM14-0176369		
Date Assigned:	10/29/2014	Date of Injury:	05/31/2014
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 61-year-old female who reported an injury on 05/31/2014. The mechanism of injury was repetitive motion. Her diagnosis was noted as lumbar strain. Her past treatments were noted to include medication, 6 sessions of physical therapy, and 6 sessions of chiropractic treatment. The MRI taken on 07/18/2014 revealed a focal disc herniation at the L4-5 level, predominantly in the midline, left paracentral. During the assessment dated 09/11/2014, the injured worker complained of low back pain that radiated down her right leg into her calf and foot. She stated the pain had gotten worse with prolonged sitting, standing, or repetitive bending. The physical examination revealed focal tenderness on the right greater than the left over the L3-4, L4-5, and L5-S1 posterior spinous process and paravertebral muscles. The low back extension was limited to 10 degrees with marked pain into her right gluteal region. The right and left lateral bending were asymmetric; 15 degrees to the left and 10 degrees to the right, with pain into the right gluteal region and right leg. The examination revealed no focal neurological deficits from L2 through S1 to motor or sensory evaluation. Her medication was noted to include tramadol 50 mg, Prilosec 20 mg, and Motrin 800 mg. The treatment plan is to continue medication, hold off on physical therapy, and continue to remain off of work. The rationale for the transforaminal epidural steroid injection was to help with her radicular symptoms due to her disc protrusion. The Request for Authorization Form was not submitted 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 right L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, epidural steroid injections, diagnostic

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

Decision rationale: The request for transforaminal epidural steroid injection right L4-5 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as a possible option for the short term treatment of radicular pain with use in conjunction with active rehabilitation efforts. The criteria for the use of epidural steroid injections include documentation of radiculopathy on examination need to be present and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; the injured worker initially must be unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants; and fluoroscopy should be used for guidance. The assessment on 09/11/2014 indicated that the injured worker complained of low back pain that radiated down her right leg into her calf and foot. The MRI taken on 07/18/2014 revealed a focal disc herniation at the L4-5 level, predominantly in the midline, left paracentral. However, the MRI report was not submitted with the clinical documentation to corroborate with the examination findings. Furthermore, the physical examination revealed that the injured worker did not show any focal neurological deficits from L2 through S1. Additionally, the request, as submitted, failed to indicate that fluoroscopy would be used for guidance. Due to the lack of pertinent information, the request for transforaminal epidural steroid injection right L4-5 is not medically necessary.