

Case Number:	CM14-0178299		
Date Assigned:	10/31/2014	Date of Injury:	02/15/1995
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Licensed in Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 51-year-old male who reported an injury on 02/15/1995. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic pain syndrome, lower back pain, lumbar/thoracic radiculopathy, insomnia, myalgia, and myositis. Past medical treatment consisted of physical therapy, the use of a TENS unit, ESIs, and medication therapy. Medications consisted of Celebrex, Ambien 15 mg, Norco 10/325 mg, and Flomax. An MRI of the lumbar spine, obtained on 10/17/2013, revealed progressive hypertrophic changes and medial facet joint ligamentum flavum, a 2 mm retrolisthesis and a 3 mm bulge in the annulus, and a short pedicle configuration of the spinal canal, along with synovial cysts arising from the medial aspect of the left facet joint that contributed to severe left greater than right lateral recess stenosis and severe central canal stenosis at the L4-5 disc space. The superior to inferior measurement of the synovial cyst was 8 mm with a transverse diameter of 3 by 4 mm. On 01/08/2014, the injured worker underwent a transforaminal lumbar epidural steroid injection at L4-5. It was noted in the progress note dated 10/23/2014 that the injured worker received at least 60% of pain relief with the second steroid injection, for about 5 weeks. In the same progress note, it was noted that the injured worker complained of lumbar pain. It was noted on physical examination that the pain was rated at an 8/10 to 9/10 depending on certain movements. The physical examination of the lumbar spine revealed range of motion was difficult due to pain. It was also noted that there was difficulty with backward extension and forward flexion. There was lumbar spinal tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4-S1; a positive lumbar facet loading maneuver; and a positive straight leg raise test. The sensory examination revealed diminished sensation in the feet and digits bilaterally. The medical treatment plan was for the injured worker to undergo bilateral L4-5

transforaminal lumbar epidural steroid injections. The rationale was not submitted for review. The Request for Authorization form was submitted on 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection..

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

Decision rationale: The documentation submitted for review did not provide images of the injured worker's lumbar spine. It was not indicated in the documentation that the injured worker had trialed and failed conservative treatment. Additionally, physical findings did not indicate any functional deficits of the injured worker's lumbar spine, it was only documented that there was pain with range of motion. Furthermore, it was documented in the submitted report that the injured worker had undergone a lumbar epidural steroid injection on 01/08/2014. However, the efficacy of such injection was not submitted for review. The guidelines also state that epidural steroid injections should be performed under fluoroscopy. The request as submitted did not indicate that the lumbar epidural steroid injection would be performed under fluoroscopy. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for Bilateral L4-5 Transforaminal Lumbar Epidural Steroid Injections is not medically necessary.