

Case Number:	CM14-0178823		
Date Assigned:	11/03/2014	Date of Injury:	01/21/2008
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 01/21/2008 while doing a 2 person lift to get a patient off the floor. She began to feel pain in her lower back. Diagnoses were displacement of lumbar intervertebral disc without myelopathy; sciatica; spinal stenosis, lumbar region without neurogenic claudication; and issue repeat prescriptions. Previous treatments were medications, physical therapy, home exercise program, and lumbar epidural steroid injections. The injured worker had an MRI on 12/01/2009, which revealed at the L3-4 a minor broad based disc bulge across the endplate margin, there was a 4 mm to 5 mm far left lateral protrusion with an annular tear in the subarticular zone. There was contact without flattening of the lateral aspect of the exited L3 root. At the L4-5, a 2 mm degenerative disc bulge with a small circumferential far left lateral annular tear with a 3 mm far left lateral disc bulge. At the L5-S1, mild facet arthropathy was present. Physical examination on 10/23/2014 revealed the injured worker was having increased symptoms. It was reported that the injured worker has had previous injections approximately 2 to 3 times per year. The injured worker reported 80% relief of back and leg symptoms. The injured worker was able to function and be more active and activities around the house. It was also reported the injured worker was able to decrease her medication use from 4 Norco daily down to 2 per day. The pain relief lasted up to 8 months. The last lumbar epidural steroid injection was performed on 04/03/2014. Examination revealed tenderness in the mid to lower paralumbar area and extended bilaterally along the pelvic crest. Flexion and extension were limited and produced discomfort in the back and extended to the lateral hips. Seated straight leg raise was negative. Strength was normal and deep tendon reflexes were intact in the lower extremities. Strength was intact in testing hip flexion, knee extension and plantar flexion of the feet. The injured worker used a cane for assistance and for balance. There were complaints of burning pain and decreased sensation down the anterior

lateral thighs. Treatment plan was for a lumbar transforaminal epidural steroid injection bilateral L3-4. It was reported that the injured worker was compliant with the medication regimen with the pain medications and procedures. The injured worker reported an 80% pain relief. The Request for Authorization was dated 10/01/2014.

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 (TFESI) bilateral L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The decision for Lumbar TFESI bilateral L3-L4 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommended epidural steroid injections as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an epidural steroid injection includes: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed with the use of fluoroscopy for guidance and no more than two levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy. There was no radiculopathy documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. There are no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. There were no other significant factors provided to justify a transforaminal epidural steroid injection bilateral L3-4. Therefore, this request is not medically necessary.