

Case Number:	CM14-0183085		
Date Assigned:	11/07/2014	Date of Injury:	11/01/1999
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 11/01/1999. The method of injury was not provided. Her diagnoses included degenerative disc disease of the cervical spine with radiculopathy, degenerative disc disease of the lumbar spine with radiculopathy, cervical stenosis, lumbar stenosis, and multilevel disc herniation of the cervical and lumbar spine. Her past treatments have included physical therapy, home exercise, chiropractic treatment, acupuncture, and a transforaminal epidural steroid injection at the left L4-5 level on 03/08/2005. Diagnostic studies were not provided. Her surgical history was not provided. At a follow-up examination on 10/03/2014, the injured worker complained of low back pain with bilateral lower extremity complaints. She rated her low back pain a 5/10 to 6/10, described as stabbing, aching, with numbness extending to the bilateral lower extremities into the toes, left greater than right. Upon further examination of the lumbar spine, she was noted to have diminished sensation to the bilateral L4 and L5 and left S1 dermatomes. She had a positive straight leg raise and an antalgic gait. Additionally, she was noted to have weakness of the bilateral tibialis anterior, extensor hallucis longus and left invertors at 4+/5. Right invertors, bilateral patellar flexors, and evertors were 5-/5. She was further noted to have diminished bilateral patellar and left Achilles reflexes. Her current medication regimen included Norco, tramadol ER, Temazepam, Terocin patches, and Docuprene. The treatment plan included a neurology consultation, magnetic resonance imaging of the lumbar spine, continued medications, and a follow-up in 4 weeks. The rationale for the request was not provided. The Request for Authorization form dated 08/08/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (left) L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

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 (left) L4 and L5 is not medically necessary. The injured worker has low back pain with radiating symptoms. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy for guidance. The examination on 10/03/2014 indicated that the injured worker had diminished sensation to the bilateral L4 and L5 and left S1 dermatomes. The clinical note further indicated the injured worker had a Left Transforaminal LESI on 03/08/2005 but there was no evidence of at least 50% pain relief for at least 6-8 weeks after that injection, decreased need for pain medication after that injection or improved function. The documentation submitted did not include evidence of planned participation in an active treatment program such as a home exercise program or physical therapy after the injection. Additionally, the request did not indicate that the injection would be performed using fluoroscopy for guidance. As such, the request for transforaminal epidural steroid injection (left) L4 and L5 is not medically necessary.

Transforaminal epidural steroid injection (right) L4 and L5: Upheld

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

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 and L5 is not medically necessary. The injured worker has low back pain with radiating symptoms. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy for guidance. The examination on 10/03/2014 indicated that the injured worker had low back pain extending into the lower extremities. Further examination of the low back indicated diminished sensation to the bilateral L4 and L5 and left S1 dermatomes. However, there is no magnetic resonance imaging of the lumbar spine to show pathology of the requested levels for injection or EMG/nerve conduction study to corroborate radiculopathy. Additionally, there is no evidence of failed conservative treatment with exercise, physical therapy, NSAIDs and

muscle relaxants as the last clinical note indicated 12 sessions of physical therapy provided moderate relief. Additionally, the request did not indicate that the injection would be performed using fluoroscopy for guidance. As such, the request for transforaminal epidural steroid injection (right) L4 and L5 is not medically necessary.