

Case Number:	CM14-0020891		
Date Assigned:	04/30/2014	Date of Injury:	06/20/2008
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 46-year-old male who was injured on June 20, 2008 when the patient's vehicle was struck when it was stopped at a stop sign. The patient was the driver and wearing a seat belt. Prior treatment history has included the following medication: Dendracin lotion, Naproxen 550 mg, Clonazepam 0.5 mg, Gabapentin 600 mg, Hydrocodone 10-650 mg, Bactrim-DS and Bupropion SR 150 mg. Diagnostic studies reviewed include EMG/NCV dated January 15, 2014 revealed no electrodiagnostic evidence of cervical radiculopathy bilaterally. Progress note dated January 10, 2014 documented the patient underwent lumbar transforaminal epidural injection and reports 70% pain relief lasting up to 2 months then pain gradually increases in intensity and returns to baseline level. Objective findings reveal the patient has a right-sided antalgic gait and does not use assistive devices. On palpation of paravertebral muscles, trigger point (a twitch response was obtained along with radiating pain on palpation) is noticed on both sides. No spinal process tenderness is noted. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Straight leg raise testing is negative at 90 degrees bilaterally. Reflexes of all upper and lower extremities are equal and symmetric. There is tenderness over the sacroiliac spine T4, T5 and T6. Strength was scored as a 5/5 in all major muscle groups. Sensation to light touch and pinprick is intact. Reflexes are equal and symmetric bilaterally in the upper and lower extremities. Diagnoses included: Lumbosacral radiculitis, Osteoarthritis left hip, Lumbar facet arthropathy, Lumbar degenerative disc disease and Myofascial pain syndrome. The UR report dated January 20, 2014 denied the request for right transforaminal lumbar epidural steroid injection at L4 and L5 under fluoroscopic guidance, as the current clinical findings are not suggestive of any present, persistent or recurrent radiculopathy. Notably there is no radiological or electrodiagnostic evidence of right L4 and L5 nerve root pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT THE LEVELS OF L4 AND L5 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, ESI.

Decision rationale: The California MTUS and ODG Guidelines recommend epidural steroid injection (ESI) in certain cases of lumbar radiculopathy corroborated by physical examination and diagnostic findings. Clinic notes at the time of request note right lower extremity numbness and weakness. However, there are no findings of lower extremity radiculopathy on examination. The only relevant diagnostic study mentioned is an August 26, 2010 MRI that is said to show likely impingement of the left L5 nerve. Further, lumbar ESI done previously was noted to result in 70% relief of pain for 2 months, but there is no documentation of associated functional improvement or medication reduction. Current lumbar radiculopathy and prior functional benefit from lumbar ESI are not established. The request is not medically necessary.