

Case Number:	CM14-0020926		
Date Assigned:	05/07/2014	Date of Injury:	09/07/1993
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 53-year-old female who reported an injury on 09/07/1993. It is noted that the mechanism of injury is due to heavy lifting. The progress note dated 12/05/2013 indicates a diagnosis of lumbar radiculopathy; degenerative disc disease; facet arthropathy, lumbar; failed back surgery syndrome; myofascial pain syndrome; chronic pain; depressive disorder and anxiety disorder. Previous treatments include nerve blocks and injections, epidural steroids, chiropractic care, narcotic pain medication, physical therapy, and transcutaneous electrical nerve stimulation. The injured worker indicates cold and physical activity, along with standing and walking, as aggravating factors. She noted that heat, rest, lying down, quietness, medication, and massage all are alleviating factors for her symptoms. Vital signs were within normal limits. A review of the body's systems was also within normal limits. It is noted in the medication summary that the patient will continue on her current medications. Medications were reviewed at the time of this clinical evaluation. The injured worker verbalized understanding of the benefits and possible side effects and agreed to be in compliance with the medication usage. She was instructed to continue with conservative treatment, including home exercise, moist heat, and stretches. The injured worker was warned not to operate a motor vehicle or heavy machinery if feeling tired or mentally foggy. She also was advised to see her primary care physician for non-pain issues. The goals stated were to decrease pain; enhance sleep; improve mobility; improve self-care; increase activities, including social activities, physical activities, housework; and to return to work. The request for authorization for medical treatment was not provided within the documentation. In addition, a rationale for the request for a lumbar transforaminal at levels L3-4 and L4-5 under fluoroscopic guidance with anesthesia was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL AT LEVELS L3-L4, L4-L5 UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate epidural corticosteroid injections are indicated for radicular pain and to avoid surgery, but have limited researched-based evidence. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must be documentation of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, although the injured worker is diagnosed with lumbar radiculopathy, the progress note with the most recent clinical documentation fails to indicate decreased reflexes, decreased sensation, decreased motor strength, and a positive straight leg raise or a positive Spurling's. The documentation fails to provide an imaging study, failed conservative care and lastly; a rationale for an injection. In addition, the decision for lumbar transforaminal at levels L3-4, L4-5 under fluoroscopic guidance with anesthesia is nonspecific and lacks what type of injection is being requested to the lumbar spine. Therefore, the request for lumbar transforaminal at levels L3-4, L4-5 under fluoroscopic guidance with anesthesia is not medically necessary and appropriate.