

Case Number:	CM14-0024678		
Date Assigned:	06/11/2014	Date of Injury:	11/30/2012
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 59 year old female whose date of injury is 11/30/12, when she attempted to pull a patient up in his bed and she experienced low back pain and abdominal pain. She complains of low back pain radiating to the bilateral lower extremities. The injured worker has been treated conservatively with physical therapy, acupuncture, and medications including Norco, Naproxen, and Fexmid. MRI of the lumbar spine dated 09/04/13 revealed 4mm disc protrusion at L4-5 abutting the descending L5 nerve root bilaterally with moderate central stenosis. At L5-S1 there is a three millimeter disc protrusion abutting the S1 nerve root bilaterally with mild central stenosis. Physical examination revealed tenderness to palpation with spasm over the bilateral paravertebral musculature. Straight leg raise was positive. Range of motion was decreased in all planes. Sensation was diminished over the bilateral L4-S1 dermatomes. Deep tendon reflexes were intact, and muscle strength was 5/5 in the lower extremities. The injured worker was recommended to undergo bilateral L5-S1 and S1 transforaminal epidural steroid injection x 2. Per notice of modification dated 02/18/14, the request was modified to approve bilateral L5-S1 and S1 transforaminal epidural steroid injection and to non-certify the request for a second epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION TIMES TWO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: CAThe MTUS chronic pain management treatment guidelines reflect the criteria for the use of epidural steroid injection (ESI) require radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; patients must be initially unresponsive to conservative treatment including physical therapy, NSAIDs and muscle relaxants; and injections should be performed using fluoroscopy for guidance. The injured worker was seen for Agreed Medical Evaluation (AME) on 01/21/14. The AME noted that, given the disc pathology and the radicular involvement, epidural steroid injection and/or facet injections may indeed be helpful and are clearly indicated. Failure of conservative care also was documented. It was correctly determined that the injured worker was certified to undergo a single transforaminal ESI. A second injection was not supported as repeat injections are warranted only if the patient has an adequate response to the previous injection with at least 50% pain relief with associated reduction of medication use for six to eight weeks. The request is not medically necessary.