

Case Number:	CM14-0030732		
Date Assigned:	06/20/2014	Date of Injury:	08/03/2006
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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 Neurological Surgery, 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 injured worker is a 68-year-old year-old female injured on August 3, 2006. The mechanism of injury was noted as lifting type injury. The most recent progress note, dated June 12, 2014 indicated that there were ongoing complaints of constant low back pain with right lower limb aching and throbbing. Symptoms waxed and waned. Pain was worse in the right hip, buttock and groin radiating to anterior proximal thigh. Pain was described as an ache, aggravated by sitting, standing and walking and relieved with medications. Pain scores without medications 9/10 and with medications 2-8/10 on the visual analog. The physical examination demonstrated a 5 foot, 171 pound individual in no acute distress. Claimant has an antalgic gait and partial weight bearing on the right side using a cane. Claimant also has moderate spasms and maximal tenderness on right sacroiliac (SI) joint, spinous processes and paraspinal muscles. There was a positive Patrick's on the right side. Range of motion was limited to pain in the lumbar spine. Motor strength in upper and lower extremities was 4/5, except 4/5 right hip flexors. Sensation was intact to touch. Examination of the right hip revealed tenderness to the right greater trochanter. Diagnostic imaging studies reported the following findings: EMG from 2008 revealed right L5 radiculopathy. CT of the lumbar spine and x-rays of the hip were noted. Treatments included physical therapy, medications, chiropractic care, epidural steroid injections, facet joint blocks, dorsal column stimulator, right SI joint corticosteroid injection with 50% improvement and previous medial branch nerve block. A request had been made for transforaminal epidural lumbar spine right L5 root and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Lumbar Right L5 root: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 M.C. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines allow for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. There is insufficient clinical evidence that the proposed procedure meets the Chronic Pain Medical Treatment Guidelines. The physical exam findings are more diagnostic for trochanteric bursitis. The pain scale does not change significantly with the current regimen. There is no evidence of radicular pain in dermatomal distribution. As such, the requested procedure is deemed not medically necessary.