

Case Number:	CM14-0031459		
Date Assigned:	04/09/2014	Date of Injury:	08/16/1997
Decision Date:	05/13/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 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 with a date of injury of 08/16/1997. Mode of injury was not noted in the medical records. The injured worker was seen on 12/10/2013 for a followup appointment with complaints of chronic, severe neck and low back pain. The injured worker has failed back surgery syndrome. The injured worker was seen on 12/11/2013 to determine if she was a spinal cord stimulator candidate. The injured worker reported average pain without medication was 10/10 and with medication was 5/10. Upon physical exam the injured worker was noted to have tenderness to palpation to the cervical, thoracic, and lumbar spine. Lumbar range of motion was forward flexion 40 degrees, hyperextension 10 degrees, right lateral and left lateral bend is 15 degrees. The injured worker had a positive straight leg raise on the right supine and seated. The injured worker had an antalgic gait and decreased strength to the lower extremities. The injured worker had decreased sensation to the left L3 and right L3 dermatomes. The plan was to start the injured worker on Norco twice per day as needed for pain and the injured worker was to continue with conservative treatment to include a home exercise program, moist heat, and stretches. The injured worker was to followup in 4 weeks, proceed with authorized neurology consult, and to request authorization for EMG of lower extremities no rationale noted. The request is for one transforaminal epidural steroid injection at the bilateral L3-L4 with epidurography and anesthesiology. The date of the request and the rationale were not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE BILATERAL L3-L4 WITH EPIDUROGRAPHY AND ANESTHESIOLOGY: 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 (ESIS) Page(s): 46.

Decision rationale: The California MTUS Guidelines note epidural steroid injections are recommended as an option for the treatment of radicular pain (defined as pain in dermatomal distributions with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. Injured workers should be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). No more than 2 nerve root levels should be injected using transforaminal blocks. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region, per year. Deep tendon reflexes in the lower extremities were decreased but equal, hip reflex was absent, supine and seated straight leg raise on the right were positive. The injured worker had pain going down the right lower extremity with toe walking. Sensation to pin was decreased to L3. An official imaging study and/or electrodiagnostic testing to verify radiculopathy was not provided within the medical records. Therefore, the request is non-certified.