

Case Number:	CM14-0031659		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2012
Decision Date:	08/05/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 38 year-old male who reported an injury on 11/20/2012 caused by the injured worker moving a television off a pallet. On 08/16/2013 the injured worker underwent a right sacroiliac intra-articular cortisone injection. On 04/30/2013 the injured worker underwent an MRI of the lumbar spine that revealed multiple level degenerative disc disease with disc protrusion at L4-L5 abutting, but not compressing the emerging L5 nerve roots bilaterally. On 11/26/2013 the injured worker physical examination revealed full strength; reflexes were at 1+/4; the range of motion with flexion was 30 degrees and extension was 10 degrees with no myelopathic signs noted. On 12/12/2013 the injured worker was seen regarding his ongoing low back pain, lumbar degenerative disease and lumbar radiculopathy disc herniation and degenerative spondylolisthesis. It was documented the spine surgeon recommended that the injured worker should undergo an epidural injection before anything surgical is done. On the physical examination it was noted the objective findings remained unchanged since last visit. The diagnoses included right sacroiliac joint dysfunction and some mild myofascial spasms in the lumbar region. The treatment plan included a right L4 and L5 transforaminal epidural steroid injections. The request for authorization was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the injured worker was seen regarding his ongoing low back pain, lumbar degenerative disease and lumbar radiculopathy disc herniation and degenerative spondylolisthesis. The diagnoses included right sacroiliac joint dysfunction and some mild myofascial spasms in the lumbar region. The physical examination had lack of evidence defining if the injured worker had radiculopathy. There was lack of evidence of conservative care such as physical therapy and medication pain management. Given the above, request for a right L4 and L5 transforaminal epidural steroid injection is not medically necessary and appropriate.