

Case Number:	CM14-0033780		
Date Assigned:	06/23/2014	Date of Injury:	05/16/2013
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 05/16/2013. The injury reportedly occurred when she was moving a large umbrella at work. Her diagnoses include low back pain and lumbar degenerative disc disease. Her past treatments were noted to include a Medrol Dosepak, Klonopin, Norco, Flexeril, and physical therapy. MRI of the lumbar spine was performed on 10/28/2013 and revealed a 4 mm to 5 mm broad-based disc bulge at the L5-S1 level as well as moderate to severe bilateral neural foraminal encroachment at this level. On 01/08/2014, the injured worker presented with low back and leg pain, rated 9/10. Physical examination revealed no change since the previous visit. The physical exam at her previous visit on 12/04/2013 revealed decreased motor strength to 4-/5 in right ankle dorsiflexion and extensor hallucis longus. She was also noted to have decreased sensation in a right S1 distribution and a positive right straight leg raise at that visit. Her medications were noted to include Norco. Her treatment plan included an S1 transforaminal epidural steroid injection on the right side. The rationale for the injection was for pain relief. The Request for Authorization was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Steroid Right lumbar Transforaminal Epidural Injection @S1 lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines epidural steroid injection may be supported to facilitate progression in a therapeutic exercise program when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing after the injured worker has been initial unresponsive to conservative treatment. The guidelines also state that injections must be performed under fluoroscopic guidance. The clinical information submitted for review indicated that the injured worker was initially unresponsive to conservative care including physical therapy, exercise, pain medications, and muscle relaxants. She was also noted to have radiating pain and neurological deficits in the right lower extremity which corroborate with her Magnetic resonance imaging (MRI) findings. However, the documentation failed to indicate that the injection would be utilized to facilitate progression in a therapeutic exercise program and the request failed to indicate whether the injection will be performed using fluoroscopic guidance. Therefore, the injection is not supported by the evidence based on guidelines at this time. As such, the request is not medically necessary and appropriate.