

Case Number:	CM14-0034855		
Date Assigned:	06/20/2014	Date of Injury:	09/19/2013
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Washington. 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 who reported an injury on 09/19/2013. The mechanism of injury reportedly occurred while she was lifting jugs of chemicals onto a rolling cart and the cart rolled away. The diagnoses included lumbar spine radiculopathy and lumbar spine degenerative disc disease. Prior therapies included physical therapy and medications. An official magnetic resonance imaging (MRI) of the lumbar spine performed 01/21/2014 was noted to show moderate bilateral neural foraminal narrowing at L5-S1. Per the 03/08/2014 clinical note, the injured worker reported low back pain as well as shooting pain down her legs. Physical exam findings included positive straight leg raising bilaterally and positive facet loading bilaterally. Half grade weakness was noted in the entire left lower extremity compared to the right. It was noted the left Achilles jerk was mildly diminished compared to the right. The provider recommended bilateral epidural steroid injections as well as trigger point injections. The provider noted that based on the response to those interventions, further treatment may include facet joint injections and sacroiliac joint injections. The request for authorization form was not present in the medical record.

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 Injection: 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 request for bilateral L5, S1 transforaminal epidural injection is not medically necessary. The California MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Pain must be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. The medical records provided indicate the injured worker was experiencing ongoing radiating low back pain. The injured worker demonstrated positive straight leg raising and mildly decreased motor strength and Achilles reflex in the left lower extremity. There is a lack of documentation regarding a complete neurologic examination including a sensory exam to indicate nerve root compromise at L5-S1. There is no indication of the failure of a recent trial of conservative care. There is also no indication the injured worker would be participating in an active treatment program in conjunction with the injection. In addition, the submitted request does not specify that fluoroscopy would be used. Based on this information, the request is not supported. As such, the request for bilateral L5, S1 transforaminal epidural injection is not medically necessary.