

Case Number:	CM14-0034947		
Date Assigned:	06/23/2014	Date of Injury:	05/16/2007
Decision Date:	11/04/2014	UR Denial Date:	02/27/2014
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 Occupational Medicine 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:

According to the provided documents, this is a 52 year-old man who was injured on 5/15/07. Mechanism of injury was not found in the submitted documents. The disputed treatment is a lumbar trans foraminal epidural steroid injection bilateral L4-L5. According to the submitted documents the date of the utilization review decision was 2/27/14. This is requested in a progress report from 2/18/14. That report indicates that the patient has a history of low back and neck pain and lower extremity pain. At that time he was complaining of increased pain in the neck radiating down the back. There is mention that the previous cervical epidural steroid injection was helpful. There is no mention of specifics regarding his lower extremity pain at the present. There is mention of a transforaminal epidural steroid injection L4-5 on 10/24/13 which reportedly gave 70% improvement over the past week. The report states that the patient has not had surgery. Medications at the time of the report were Norco 3.5 mg-10 mg per day, and Neurontin 300 mg 1 to 2 tablets 5-6 times per day. On examination the patient had a nonantalgic gait, there is tenderness in the lower back but positive straight leg raise, motor strength was 5/5 (but that may have been referring to the cervical spine as that was followed by a mention of decreased sensation right C6 and 7), and deep tendon reflexes are 1+ bilateral. There is no mention of any motor loss in any specific muscle groups in the lower extremities, no mention of any abnormal reflexes of the patella tendon or Achilles and no mention of any loss of sensation. Low back related diagnoses were lumbar disk with radiculitis and degeneration of lumbar disc. A 1/23/14 report from the same physician also says that the lumbar epidural had worn off the prior week. This mentions lower extremity pain and 8/10 lower back pain. There is again no documentation of any focal neurologic deficits in the lower extremities. A progress report from October 2013, before the patient had the lumbar epidural steroid injection mentioned above, did

not document any focal neurologic deficits in the lower extremities either. In the reports there is no mention of MRI of the lower back or EMG of the extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Transforaminal Epidural Steroid Injection at the Bilateral L4-L5 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2, EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: There is no clinically evident radiculopathy documented in the current requesting report supporting a bilateral L4-L5 radiculopathy. MTUS chronic pain guidelines only support epidural steroid injections when there is a clinically evident radiculopathy corroborated by diagnostic testing, either MRI or EMG. This clinical presentation does not meet those criteria. There is no rationale provided for treatment outside of the guidelines in the documentation. Therefore, based upon the evidence and the guidelines this request is not medically necessary.