

Case Number:	CM14-0039453		
Date Assigned:	06/27/2014	Date of Injury:	04/21/2010
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Management 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:

This is a male patient with a date of injury of April 21, 2010. A utilization review determination dated March 26, 2014 recommends non-certification of a right L 4 - L 5 and right L 5 - S1 lumbar transforaminal epidural steroid injection with fluoroscopy. A progress note dated March 18, 2014 identifies subjective complaints of bilateral low back pain radiating to the buttocks right worse than left, and a pain level rated at a 7/10. The patient's current medications include hydrocodone 54/325 mg b.i.d., simvastatin 10 mg b.i.d., type vanity and 4 mg b.i.d. PRN spasms, and naproxen 550 mg b.i.d. Physical examination identifies spasms in the lumbar spine, tenderness with palpation of the lumbar paraspinal muscles overlying bilateral L3 - S1 facet joints, lumbar range of motion is restricted by pain in all directions, lumbar extension is worse than flexion, positive lumbar facet joint provocative maneuver, nerve root tension signs are negative, muscles stretch reflexes are one and symmetric bilaterally in all lands, and muscle strength is 5/5 in all limbs. Diagnoses included right L5 and S1 radiculopathy confirmed by EMG, right shoulder strain, right shoulder subacromial impingement syndrome, synovitis of the glenohumeral joint of the right shoulder, degenerative osteoarthritis of the acromioclavicular joint of the right shoulder, positive diagnostic right C 5 - C 6 and right C 7 - T 1 facet joint medial branch block, positive bilateral L 4 - L 5 and bilateral L 5 - S 1 facet joint medial branch block, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc bulge at L 4 - L 5 and A1 5 - S 1, lumbar stenosis, lumbar sprain/strain, cervical joint pain, cervical facet joint arthropathy, cervical disc bulge, cervical stenosis, cervical sprain/strain, right shoulder internal derangement, and right shoulder surgery. The treatment plan recommends an appeal for the denial the patient's massage therapy to the cervical and lumbar spine and right shoulder, recommendation for a fluoroscopic guided right L 4 - L 5 and right L 5 - S1 lumbar transforaminal epidural steroid injection to treat the patient's low back pain and right L5 and S1

radiculopathy, prescription refill for Norco 5/325 TID PRN pain #80 prescription for naproxen 550 mg b.i.d. #60, and prescription for tizanidine 4 mg b.i.d. PRN spasms #60. A progress note dated April 15, 2014 identifies subjective complaints of bilateral low back pain radiating to buttocks right worse than left. Physical examination is unchanged since the previous visit. The treatment plan recommends an appeal for the denial of the patients fluoroscopic guided right L4 - L5 and right L5 - S1 lumbar transforaminal epidural steroid injection. The patient previously received an epidural steroid injection on November 4, 2011; however, the level of the injection was not provided. The patient reports have received 50% relief of his pain for two months and the patient has radiculopathy diagnosed by electrodiagnostic studies. There is a statement within the treatment plan that the patient has failed physical therapy and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right L4-L5 and right L5-S1 lumbar TFESI: 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 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: Regarding the request for a right L4-L5 and right L5-S1 lumbar transforaminal epidural steroid injection with fluoroscopic guidance, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG states when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the medical information made available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, the patient previously received a lumbar epidural steroid injection with 50% reduction of pain, but the level at which the injection was given was not provided. Furthermore, there was no recent imaging report or electrodiagnostic studies corroborating a diagnosis of radiculopathy at the proposed levels. Lastly, it is unclear if the patient has tried and failed conservative treatment including physical therapy. In the absence of clarity regarding those issues, the requested right L4-L5 and right L5-S1 lumbar transforaminal epidural steroid injection with fluoroscopic guidance is not medically necessary.