

Case Number:	CM14-0040206		
Date Assigned:	06/27/2014	Date of Injury:	05/26/2013
Decision Date:	08/07/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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:

Patient is an injured worker with a lumbosacral back condition. Date of injury was 05-26-2013. Comprehensive physiatry pain management evaluation report February 25, 2014 was provided by [REDACTED]. Subjective: Low back pain and left leg pain. On the day of the accident, the patient reports that she was doing her regular customary job. She reports that she lifted a box of tomatoes and after that she started to notice discomfort in the low back area. The patient also started to notice radicular complaints down into her left leg. Overall, she rates her pain to be 7/10, which is there most of the time. She notices some radiation of the pain down into her left leg with on and off numbness and tingling, sensation, with no problems controlling her bowel or bladder. Examination of the Back: lumbosacral paraspinal muscle spasm with tender areas over the lower lumbosacral facet joints. Range of Motion back flexion and extension is about 20% to 30%. Motor strength: Right ankle dorsiflexors 5/5, plantar flexors 5/5, extensor hallucis 5/5. Left ankle dorsiflexors 5-/5, plantar flexors 5/5, extensor hallucis 5-/5. Deep tendon reflexes knee 2+ and ankle 2+ bilaterally. Straight leg raising test in sitting position, she complains of tightness in her left leg as well as the low back area. Impression: Low back pain; Left leg pain; Lumbosacral radiculopathy; Facet arthropathy. Treatment plan: Requesting authorization for left L4-L5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy. Requesting authorization for EMG and nerve conduction studies of the left lower extremity to be done by me here in the clinic. Authorization request: Requesting authorization for left L4-L5 and L5-S1 transforaminal epidural steroid injection. Requesting authorization for EMG and nerve conduction studies of the left lower extremities. The patient had an MRI of her LS spine done. This was done on July 26, 2013 and I reviewed the report. Utilization review dated 03-14-2014 recommended non-certification of the request transforaminal epidural steroid injection under fluoroscopy L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection under fluroscopy L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines, Page 46.

Decision rationale: The California Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses epidural steroid injections (ESIs). There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states: Epidural steroid injections offers no significant long-term functional benefit, nor does it reduce the need for surgery. Patient is an injured worker with a lumbosacral back condition. Date of injury was 05-26-2013. Physical examination 02-25-2014 documented lumbosacral tenderness, positive straight leg raising test involving the left leg as well as the low back, and mild weakness in the left lower extremity. Magnetic resonance imaging (MRI) of lumbosacral spine was performed 07-26-2013, but results were not documented. ED note 02-07-2014 and PR-2 report 12-09-2013 did not contain MRI results. Electromyography (EMG) and nerve conduction studies were requested on 02-25-2014. The California MTUS guidelines requires corroboration by imaging studies and/or electrodiagnostic testing. ESI was requested 02-25-2014. Submitted medical records do not contain MRI results. Electrodiagnostic testing had not been performed at the time of the request 02-25-2014. MTUS guidelines and medical records do not support the medical necessity of epidural steroid injection. Therefore, the request for Transforaminal epidural steroid injection under fluoroscopy L4-L5, L5-S1 is not medically necessary.