MAXIMUS Federal Services

Case Number:	CM14-0043267		
Date Assigned:	06/20/2014	Date of Injury:	07/02/2010
Decision Date:	09/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old female that had a reported injury on 07/02/2010. The mechanism of injury occurred when she cut her finger while cutting watermelon and subsequently developed pain in her lower back related to chronic heavy lifting. The diagnoses included lumbar radiculitis, chronic pain, and L4-5 annular tear. The injured worker's prior treatments included physical therapy, occupational therapy, the use of a TENS unit, medications, and chiropractic therapy, all with reported limited benefit. The injured worker had an examination on 02/04/2014 with complaints of low back pain that radiated to the bilateral lower extremities to the level of the knee, calf, foot, and toes. She reported numbness and tingling in the bilateral lower extremities to the level of the foot and toes and she had motor weakness in the bilateral lower extremities as well. She described her pain as burning, sharp, aching, stabbing, dull, and throbbing that is severe on a scale of 10/10. Upon examination of her lumbar spine, her range of motion was limited due to her pain with flexion at 30, extension at 10, and bending at 10 as well bilaterally. Upon examination, her motor strength was within normal limits bilaterally to the lower extremities. The sensory exam showed a decreased touch in the left lower extremity along the L4 dermatome. Her straight leg testing in seated position was positive on the bilateral lower extremities for radicular pain at 70 degrees. There was an MRI that was done on 02/21/2013 that was reviewed. It was noted that the level of L4-5 there was no evidence of stenosis. There was no evidence of neural foraminal narrowing. There was no evidence of nerve impingement. There was no evidence of facet arthropathy. The injured worker's medication consisted of Norco. The recommended brand of treatment was for the injured worker to have an epidural steroid injection of the bilateral L4-5 lumbar spine. The recommended plan of treatment stated that the patient failed conservative treatment to include drug therapy, activity

modifications, and physical therapy. The rationale for the epidural steroid injection was to reduce pain and inflammation, restore, range of motion, and facilitate progress in more active treatment programs and avoid surgery. It is mentioned that this is an initial epidural steroid injection. The request for authorization was signed and dated for 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, using fluoroscopy at the bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for the diagnostic transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts including continuing a home exercise program. The criteria for epidural steroidal injections according to the guidelines is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, they must be initially unresponsive to conservative treatments if use for diagnostic purposes, a maximum of 2 injections should be performed. There was an MRI that was done on 02/26/2013 that did not corroborate the examination of radiculitis. The results of the MRI for the L4-5 area was that there was no evidence of nerve impingement, the spinal cord was not compressed, there was no evidence of facet arthropathy, and there was no evidence of central stenosis. The lateral and subarticular recesses are within normal limits. However, there was a 1 mm to 2 mm diffuse posterior disc bulge. It was reported and stated that the injured worker had failed conservative treatments although the specifics of the treatments that had been attempted were not provided. There was a lack of evidence of exercises and physical methods. There was a lack of evidence that the injured worker was on muscle relaxants and NSAIDs and that they were unresponsive to those medications. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the diagnostic transforaminal epidural steroid injection is not medically necessary.