

Case Number:	CM14-0044476		
Date Assigned:	07/02/2014	Date of Injury:	05/15/1996
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

The injured worker is a 62-year-old female with a reported date of injury on 05/15/1996. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included lumbar radiculopathy, spinal-lumbar degenerative disc disease, and low back pain. The injured worker's previous conservative care included physical therapy, home exercise, and epidural steroid injections. Diagnostic studies included an MRI of the lumbar spine, performed on 03/17/2008 which was noted to reveal disc desiccation throughout the lumbar spine. Central protrusions are noted at L4-5 and L5-S1; however, no frank herniations or canal stenosis were present at any levels. There was bilateral recess narrowing at L5-S1 secondary to central protrusion as well as facet degenerative changes. Surgical history was not provided. The injured worker presented with low back pain radiating from the low back to the left leg. The physician indicated that the pain level has remained unchanged since the previous visit, with no change in location of pain. Upon physical examination, the lumbar spine presented with no asymmetry or abnormal curvature noted. The lumbar spine range of motion was revealed as flexion to 85 degrees, extension to 15 degrees, right lateral bending to 20 degrees, and left lateral bending to 20 degrees. Upon palpation, paravertebral muscles, spasm and tenderness was noted on the left side. Lumbar facet loading was positive on both sides. In addition, the injured worker presented with positive left straight leg raise. The injured worker's medication regimen included Flexeril, Lidoderm patches, Valium, Norco, and Neurontin. The rationale for the request was not provided within the documentation available for review. The request of authorization for transforaminal epidural injection to left L5-S1 was submitted on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection to left L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain. The criteria for use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical information provided for review lacks documentation related to physical therapy. In addition, the clinical note dated 07/31/2007 indicates the injured worker underwent a bilateral L5 transforaminal epidural steroid injection as well as left S1 ESI. There is a lack of documentation related to the functional benefits related to the previous ESI. There is a lack of documentation as to the pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Therefore, the request for transforaminal epidural steroid injection to the left L5-S1 is non-certified.