

Case Number:	CM14-0046254		
Date Assigned:	07/02/2014	Date of Injury:	04/10/2012
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 46-year-old female smoker who reported falling off a chair on 04/10/2012. On 04/28/2014, she presented with low back pain radiating bilaterally to the buttocks and down the left lower extremity. The pain was aggravated by activity and walking. Her diagnoses included chronic pain, lumbar radiculitis, lumbar radiculopathy, and status post LESI x 2 without long-term improvement. On 06/23/2014, she rated her pain at 9/10 without medications and 7/10 with medications. She had been using a TENS unit and described functional improvement as a result, including sitting and standing. Her medications included Gabapentin 300 mg, Celebrex 200 mg, and Ultram 50 mg. She felt that her Gabapentin was very helpful. The physical examination of the lumbar spine revealed no gross abnormality. The range of motion was moderately limited secondary to pain. Sensory examination showed decreased sensitivity to touch along the L5 dermatome in the left lower extremity. An MRI of the lumbar spine on 09/18/2012 revealed lumbar spondylosis at L4-5 and L5-S1. At L5-S1, there was a 4 mm posterior osteophyte disc complex, more prominent on the left side than on the right, with narrowing of the left L5-S1 neural foramina. She did report significant pain relief with the 1st epidural steroid injection, but minimal relief with the 2nd. There was no documentation as to how long the pain relief lasted. She had completed 4 weeks of chiropractic therapy and reported improved pain control as well as functional gains. Although a report dated 04/28/2014 stated that she had improved function following the prior epidural steroid injection, there was no self report from the injured worker or quantifiable evidence to support that claim. The Request for Authorization dated 04/01/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Transforaminal epidural Steroid Injection, at L4-S1 with Fluoroscopy as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2 <https://www.acoempraoguides.org/Low Back>.

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

Decision rationale: The request for left lumbar transforaminal epidural steroid injection, at L4-S1 with fluoroscopy as an outpatient is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections, is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatments such as exercises, physical therapy, NSAIDs, and muscle relaxants. There was no evidence of previously failed trials of NSAIDs or muscle relaxants. There was no documentation of her continuing with a home exercise program. The MRI of 09/18/2012 did not corroborate a diagnosis of radiculopathy. Therefore, this request for left lumbar transforaminal epidural steroid injection, at L4-S1 with fluoroscopy as an outpatient is not medically necessary.