

Case Number:	CM14-0049039		
Date Assigned:	07/02/2014	Date of Injury:	05/20/2013
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 05/20/2013. Prior therapies include physical therapy, chiropractic therapy, acupuncture therapy, home exercise program, elbow strap, lumbar cushion, lumbar support, and Thermacare. The medications include Nortriptyline, Norco, Robaxin, and Flexeril. The injured worker underwent an MRI of the lumbar spine on 02/10/2014 which revealed subligamentous disc extrusion appearing to arise from the right paracentral aspect of the L3-4 disc migrating superiorly behind the right posterior aspect of L3. It was noted to cause indentation of the right ventral aspect of the thecal sac at L3-4 and mild right lateral recess narrowing. At L4-5 there was mild disc height loss and disc degeneration. There was no evidence of disc protrusion. There was moderate facet arthrosis and mild bilateral foraminal narrowing due to facet arthrosis. The documentation of 03/13/2014 revealed the injured worker had continued low back pain. The injured worker indicated her pain remained unchanged despite physical therapy. The physical examination of the lumbar spine revealed tenderness to palpation of the posterior lumbar spine. Lumbar nerve root provocative testing was negative in the sitting position and the injured worker had a positive right sitting straight leg raise at 45 degrees. Deep tendon reflexes at the ankles were 1 to 2+ and symmetrical. There was a sensory deficit in the right lower extremity at L4 to pinwheel. There was no deficit in the left lower extremity. The diagnosis included L1-2 central disc extrusion with spinal canal stenosis, L3-4 right paracentral disc extrusion with lateral recess stenosis, L4-5 disc protrusion with mild lateral recess stenosis, L5-S1 degenerative disc disease and spondylosis, multilevel mild degenerative disc disease of the lumbar spine and lumbar radiculopathy likely at L4. The treatment recommendation was a continuation of physical therapy and a transforaminal epidural steroid injection on the right at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right therapeutic/steroid transforaminal epidural L3-L4, L4-L5, one set Qty: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections, "series of three".

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

Decision rationale: MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy. The findings of radiculopathy should be corroborated by imaging studies and/or electrodiagnostic studies and the injured worker's pain must be initially unresponsive to conservative treatment including exercise, physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. No more than 2 injections are supported. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination to support the necessity for a right epidural steroid injection. However, these findings were not corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the injured worker was noted to be continuing with physical therapy which would not support a failure of conservative care as it was ongoing treatment. A series of 3 is not supported per the guidelines. There was no documentation indicating a rationale or exceptional factors to support a necessity for exceeding guideline recommendations. Given the above, the request is not medically necessary.