

Case Number:	CM14-0050558		
Date Assigned:	06/25/2014	Date of Injury:	07/28/2003
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopaedic Surgery, 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 47-year-old male with a date of injury of July 28, 2003. The mechanism of injury was not disclosed in the medical records available for review. Progress notes dated back to September 2013 and the most recent progress note is dated May 7, 2014. The most recent progress report indicates that the claimant is status post right L4 and L5 transforaminal epidural steroid injections in April 2014 with complete resolution of pain for several days, with return of the pain noted when the claimant resumed his usual to work duties. Some of the pain returned in the back and legs. The current complaint is pain located on the right greater than left low back with radiation down the right leg. The current pain level was rated 3/10 and aggravated with prolonged sitting or driving. Current medications included Neurontin, Effexor, Anaprox, Protonix and terocin topical cream. Physical examination at the time revealed a well healed surgical scar, restricted pain-free motion, tenderness to the bilateral lumbar paraspinals, 5/5 strength which has improved from the prior exam, which showed 4/5. Weakness in the right tibialis anterior. Reflexes were normal and straight leg raise was negative bilaterally. Psychological testing revealed no active depression or anxiety. In addition to the above noted pharmacotherapy, the claimant has been treated with epidural steroid injections, physical therapy, home exercise program, a lumbar support brace, and activity modifications. Additionally, the medical record indicated that the claimant was status post a right sided laminar foraminotomy and lateral recess decompression at L4-L5, and L5-S1 in June 2013. The diagnoses included an annular tear and moderate right neural foraminal narrowing at L3-L4, a disc protrusion at L4-L5 with annular tear, an associated mild right and moderate left neuroforaminal narrowing, a mild compression of the thecal sac with compression of the exiting L5 nerve root, an L5-S1 right paracentral disc protrusion with annular tear and associated displacement of the S1 nerve root. The treatment plan recommendations were for

pharmacotherapy including Effexor, Celebrex, Protonix, terocin topical cream, and the possibility of repeat epidural steroid injection should the radicular pain returned (due to the significant response after the right L4 and L5 transforaminal epidural steroid injections which resulted in 80% improvement). Physical therapy/home exercise program will be continued, and the claimant was provided a lumbar brace. Followup was recommended in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Transforaminal Epidural Steroid Injection, Right lumbar 3, lumbar 4, X1 as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines support epidural steroid injections when subjective and objective data corroborates with imaging and/or electrodiagnostic studies in individuals who have not responded to the recommended conservative care. The clinical data available provided no objective documentation on physical exam that supports a radiculopathy at the level indicated. In the absence of the required objective findings to support the diagnosis at the level of the proposed procedure, this request is not medically necessary.