

Case Number:	CM14-0061005		
Date Assigned:	07/09/2014	Date of Injury:	09/03/2002
Decision Date:	09/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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:

This is a 58 year old female with a 9/3/2002 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 3/5/14 noted subjective complaints of low back pain radiating to the bilateral lower extremities. Objective findings included lumbar spasms, decreased ROM, bilateral tenderness at L4-S1 level. Motor exam showed decreased strength of flexor muscles in the lower extremities. There is decreased sensation in bilateral lower extremities along the L4-S1 dermatome. An appeal letter dated 4/30/14 noted that the patient has failed more conservative treatment and argued that the patient does show objective evidence of lumbar radiculopathy. Lumbar MRI 6/21/11 showed L4-L5 mild to moderate central spinal canal narrowing. There is no noted neural foraminal narrowing. There are diffuse disc bulges. An updated lumbar MRI dated 5/9/14 L4-5 mild to moderate left lateral recess stenosis near the left L5 nerve root as well as mild to moderate left and mild right foraminal stenosis. At L5-S1 there was no central canal stenosis or foraminal narrowing. Diagnostic Impression: lumbar disc displacement, lumbosacral neuritis Treatment to Date: medication management A UR decision dated 3/31/14 denied the request for epidural steroid injection at L4-L5 and L5-S1 bilaterally. The claimant has multilevel disc bulges. She has neural foramina that are patent at L4-L5 and L5-S1. However, her physical exam findings do not correlate with the multilevel degenerative changes at every level of the lumbar spine. She does not have clear findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient transforaminal epidural steroid injection at L4-L5 and L5-S1 bilaterally:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The physical examination does note some motor and sensory abnormalities that could be consistent with radiculopathy. However, the most recent MRI in 5/14 noted neural foraminal abnormalities at L4-L5, but the L5-S1 level had no evidence of central canal or neural foraminal narrowing. It is unclear why this level is included in the requested treatment modality. Therefore, the request for outpatient transforaminal epidural steroid injection at L4-L5 and L5-S1 bilaterally was not medically necessary.