

Case Number:	CM14-0063104		
Date Assigned:	07/11/2014	Date of Injury:	09/28/2011
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 64-year-old male who reported an injury on 09/28/2011. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar paraspinal muscle strain, lumbar spine disc bulge, and lumbar spine degenerative joint disease. Previous treatments included epidural steroid injections, physical therapy, chiropractic sessions, and medication. The diagnostic testing included an MRI. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of pain in the left low back and left posterior leg. The injured worker recently underwent an epidural steroid injection on the right L4 and L5 on 03/11/2014. Upon the physical examination, the provider noted lumbar extension caused left buttock and left posterior thigh pain. Lumbar flexion increases with pain at 20%. Reflexes are right patellar 2+. The provider indicated the injured worker had a negative straight leg raise; however, a left sided seated straight leg raise caused buttock pain. The provider requested for a left L4 and L5 transforaminal epidural injection. However, a rationale was not provided for the clinical review. The Request for Authorization was provided and dated on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 Transforaminal Epidural Steroid Injection: 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 Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: The request for Left L4 and L5 Transforaminal Epidural Steroid Injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, or muscle relaxants. The Guidelines note if epidural steroid injections are used for diagnostic purposes a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of significant neurological deficit such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request for Left L4 and L5 Transforaminal Epidural Steroid Injection is not medically necessary.