

Case Number:	CM14-0071768		
Date Assigned:	07/16/2014	Date of Injury:	11/13/2012
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 51-year-old male who reported an injury on 11/13/2011. He was reportedly moving chemical boxes when he started to develop low back pain. On 04/08/2014, the injured worker presented with low back and bilateral lower extremity pain. Upon examination of the lumbar spine, there was a flattened lordosis scar from the previous surgery, pain with extension, and tenderness with palpation over the paralumbar extensors and facet joints. The range of motion was decreased and limited due to pain with stiffness in motion, and there was 5/5 motor strength and equivocal bilateral straight leg raise. CT of the lumbar spine with contrast on 12/09/2013 revealed a right laminectomy at L4-5 and multilevel degenerative changes. The diagnoses were lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, bilateral lumbar radiculopathy/radiculitis, lumbar facet syndrome, and lumbar myofascial pain. Prior therapy included surgery and medications. The provider recommended a bilateral L5 transforaminal ESI, for a diagnosis and therapeutic. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

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

Decision rationale: The request for Bilateral L5 transforaminal ESI is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 root levels should be injected using transforaminal blocks. The clinical notes lack evidence of numbness, weakness, and loss of strength. There was note of an equivocal bilateral straight leg raise test. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. The request did not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request for Bilateral L5 transforaminal ESI is not medically necessary.