

Case Number:	CM14-0084278		
Date Assigned:	07/21/2014	Date of Injury:	12/11/2012
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 30 year old female with a reported date of injury on 12/11/2012. The mechanism of injury was reported as both pulling down some stacks of paper and lifting a box. The injured worker's relevant diagnoses included low back pain, lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and lumbago. The injured worker's previous treatment included chiropractic care, 20 sessions of physical therapy, lumbar epidural steroid injections which provided 'modest' pain relief, medications, and trigger point injections. The diagnostic studies included an unofficial lumbar MRI on 05/15/2013 which revealed mild-moderate L4-5 disc degeneration with a 1-2mm annular disc bulge which minimally encroached on the thecal sac without nerve root encroachment. No pertinent surgical history was provided. On 12/23/2013, the injured worker was seen for a clinical visit and reported low back pain with pain that 'jumps' from one leg to the other. The injured worker reported that the epidural steroid injection made the pain worse. The clinical note indicate the injured worker complained of pain with sitting and standing for prolonged periods with a pain level of 7-8/10. The injured worker was seen for a periodic office follow up on 04/17/2014 and reported pain rated 10/10 without medications and 6/10 with medications. The clinician indicated the injured worker's sensation was intact, strength was 5/5 in all major muscle groups, and reflexes were equal and symmetric bilaterally. The injured worker was seen for clinical evaluation on 05/09/2014 and rated her pain at 0/10 with medications and 10/10 without medications. The clinician reported the injured worker had a normal neurologic exam with strength of 5/5 in all major muscle groups, sensation intact to light touch and pinprick, and equal and symmetric reflexes bilaterally. The injured worker's medications included Duexis (ibuprofen/famotidine) 800/26.6 mg, Naprosyn, and gabapentin 600 mg. The request was for Transforaminal Epidural Steroid Injections for Lumbar Right L4-L5 Spine x 1. The physician

recommended an epidural steroid injection as the injured worker reported persistent right leg numbness and pain. The request for authorization form was submitted for review on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection for Lumbar Right L4 and L5 Spine x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: MTUS Guidelines recommend epidural steroid injections as an option for radicular pain once specific criteria have been met. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies. In addition the guidelines state that injections should be performed using fluoroscopy for guidance. The guidelines note repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates the injured worker has had a prior epidural steroid injection which made her pain worse; however, the level of the prior injection is not indicated. There is a lack of documentation indicating the injured worker had significant objective functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Per the documentation received, the injured worker has no findings of neurologic deficit upon physical examination including weakness, reflex abnormalities, or decreased sensation. As such, the request is not medically necessary.