

Case Number:	CM14-0084468		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2010
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old male who was injured on 11/15/10. The mechanism of injury is undisclosed. The injured worker is status post lumbar surgery performed on 05/14/13. The specific surgical procedure is not detailed in the submitted records. The injured worker complains of low back pain radiating to the bilateral lower extremities, which is worse on the right. The injured worker is diagnosed with displacement of lumbar intervertebral disc without myelopathy. Treatment has included medication management. Other forms of conservative treatment are not indicated. Records reference an electromyography and nerve conduction velocity (EMG/NCV) studies of the bilateral lower extremities performed on 02/18/11 which reportedly revealed a right L5 denervation. Records do not indicate if the lumbar surgery dated 05/14/13 addressed or affected this denervation. An MRI of the lumbar spine dated 01/22/14 revealed 2 to 3 millimeter posterior disc protrusions at L2 to L3 through L5 to S1 with thecal sac encroachment and compromise of the exiting nerve roots bilaterally at each level and arthritic changes in the left facet joints are noted at L3 to L4 and L4 to L5. Physical examination note dated 02/21/14 reveals tenderness to palpation of the lumbar paravertebral muscles with no guarding or spasm, lumbar range of motion is limited and straight leg raise is positive on the right, no abnormal reflexes, sensation is decreased on the right and normal on the left, and motor examination is noted to be difficult due to severe low back pain. Most recent clinical note dated 04/01/14 notes tenderness over the lumbar spinous processes and interspaces from L2 to S1 and tenderness over the facet joints from L2 to S1 bilaterally with positive provocation test, negative straight leg raise is reported bilaterally, sensory exam reportedly showed diminished sensation to touch at the left L4, L5 and S1 distributions. This note reveals a treatment plan which includes a lumbar epidural steroid injections (ESI) at L3 to 4 and bilateral transforaminal at L4 to L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transformational epidural steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for bilateral transforaminal epidural steroid injection is not recommended as medically necessary. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate criteria for the use of ESIs include evidence of failure to initially respond to conservative treatment. Records indicate the injured worker underwent a surgical procedure to the lumbar spine in May 2013. The details of this procedure are not included. There are no postoperative treatment notes submitted for review and records do not indicate the injured worker has participated in conservative treatment such as physical therapy or a home exercise program. As such, failure to respond to conservative treatment is not identified. Based on the clinical information provided, bilateral transformational epidural steroid injection is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate criteria for the use of ESIs include evidence of failure to initially respond to conservative treatment. Records indicate the injured worker underwent a surgical procedure to the lumbar spine in May 2013. The details of this procedure are not included. There are no postoperative treatment notes submitted for review and records do not indicate the injured worker has participated in conservative treatment such as physical therapy or a home exercise program. As such, failure to respond to conservative treatment is not identified. Based on the clinical information provided, lumbar epidural steroid injection is not medically necessary.