

Case Number:	CM14-0084792		
Date Assigned:	07/21/2014	Date of Injury:	02/21/2013
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
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, 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 60-year-old female who reported an injury on 02/21/2013. Prior therapies were noted to include physical therapy. The mechanism of injury was the injured worker caught her foot climbing some stairs and developed low back pain with radiating right leg pain. The injured worker underwent a left L4-5 microdiscectomy approximately 12 years prior to 2014. The injured worker's diagnostic testing was noted to include a CT myelogram on 08/02/2013 which revealed moderate to severe lumbar spondylosis with moderate central canal stenosis at L3-4. There was severe disc space narrowing at L4-5 and moderate to severe disc space narrowing at L3-4 and to a lesser extent at L2-3 and L1. There were mild to moderate disc space narrowing at L5-S1 with multilevel vacuum disc phenomenon with the extrusion of gas into the L3-4 disc. The documentation indicated the injured worker was utilizing Percocet on an as needed basis. The documentation of 04/23/2014 revealed the injured worker had pain down her right leg consistent with lumbar pathology. The symptoms extended to the right foot. The injured worker had numbness in her toes, right foot more than left. The treatment plan included a right L3, L4, and L5, and if needed S1, transforaminal epidural steroid injection. The documentation indicated the injured worker had sensation loss in the right leg consistent with MRI findings. The motor strength was distally intact. The diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, radicular syndrome. There was a request for authorization submitted for review. The injured worker underwent an MRI of the lumbar spine on 05/08/2013 which revealed the central nerve root was clumping within the thecal sac at the level of L3, compatible with arachnoid adhesions. The prior surgeries include a questionable left sided laminectomy with a defect noted at L5. There was a Request for Authorization submitted to support the request.

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 Right L3, L4, L5, if needed S1: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging and/or electrodiagnostic studies. There should be documentation of a failure of conservative care including physical therapy, NSAIDs, and muscle relaxants. Additionally, injections are supported for no more than 2 levels for the transforaminal approach. There was a lack of documentation of objective findings of deficits of myotomal and dermatomal findings to support the requested levels. There was a lack of documentation indicating MRI and/or electrodiagnostic findings to support the requested levels. Additionally, there was a lack of documentation of a failure of conservative treatment and the duration of conservative treatment. Given the above, the request for Transforaminal Epidural Steroid Injection for Right L3, L4, L5, if needed S1 is not medically necessary.