

Case Number:	CM14-0086173		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2013
Decision Date:	09/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 42-year-old male who reported injury on 11/27/2013. The mechanism of injury was a fall. The diagnosis included lumbar disc displacement and lumbar radiculopathy. The injured worker had an electromyogram on 03/17/2014 that was positive for L5 and S1 radiculopathy. The injured worker had MRI of the lumbar spine that revealed a left L4-5 paracentral protrusion measuring 2.5 mm. The surgical history was not provided. Other therapies were not provided. The medications included Ultram ER 150 mg 1 by mouth daily and methylsalicylate 15% 3 times a day for a topical analgesic. The note of 05/07/2014 revealed that the injured worker's medications relieved his pain. The injured worker had low back pain radiating to the right leg and foot. The pain was 4/10 with medications and 8/10 without medications. There were no to be no side effects. The physical examination revealed the injured worker had an antalgic gait. The lumbar spine range of motion was decreased. There was tenderness to palpation of the bilateral lumbar paraspinal muscles consistent with spasms. There was a positive straight leg raise on the right in the seated position at 45 degrees. The sensory examination revealed diminished sensation in the right L5 dermatomes of the lower extremity. The treatment plan included a lumbar transforaminal epidural steroid injection on the right at the L4-5 level with fluoroscopic guidance. 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:

Lumbar transforaminal epidural steroid injection, right L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 upon physical examination that are corroborated by imaging and/or electrodiagnostic studies. Additionally, there should be documentation the injured worker has failed conservative care including physical medicine, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had undergone an electromyogram that was positive for right L5, S1 radiculopathy. The injured worker underwent an MRI of the lumbar spine that was positive for a 2.5 mm disc protrusion at L4-5. However, there was a lack of documentation indicating the injured worker had nerve impingement or positive electrodiagnostic studies at the requested level of L4. The physical examination revealed the injured worker had diminished sensation in the right L5 dermatomes in the lower extremity. There was a lack of documentation indicating the prior conservative care and a failure of conservative care. Given the above, the request for Lumbar transforaminal epidural steroid injection, right L4-L5 is not medically necessary.