

Case Number:	CM14-0089112		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

This 49 year-old patient sustained an injury on 7/19/12. Request(s) under consideration include Transforaminal Lumbar Epidural Injection at Left L5 and S1, Qty: 2. Diagnoses include lumbosacral neuritis. X-rays of the lumbar spine dated 3/15/13 showed moderate L5-S1 degenerative facet disease. Conservative care has included medications, therapy, transcutaneous electrical nerve stimulation (TENS), home exercise, and modified activities/rest. Report from the provider noted the patient with ongoing chronic complaints in the neck and back pain rated at 8/10 with radiating pain down left leg that has remained unchanged since 12/6/13. Exam of the lumbar spine showed tenderness and tight muscle band bilaterally; negative lumbar facet loading; positive straight leg raising (SLR) on left at 75 degrees sitting with limited range of flex/ext/lateral rotation of 50/20/15 degrees. MRI of the lumbar spine dated 3/3/14 showed L4-S1 degenerative changes without significant canal or neural foraminal stenosis. Follow-up report from the provider noted exam findings of tenderness, spasm, tight muscle band; positive SLR at 75 degrees; 4+/5 motor strength of left extensor hallucis longus (EHL) and ankle dorsiflexors; sensation decreased on left L4-5 dermatomes. Medications list Naproxyn, Gabapentin, and Flector patch. Qualified medical evaluator (QME) report of 3/22/14 noted the provider had previously deemed the patient to be P&S on 10/25/13 and returned the patient to regular work on 12/6/13 with emphasis on self-conditions. Report of 5/28/14 from the provider noted the patient was still P&S and transforaminal epidural steroid injection (TFESI) was requested as a palliative measure. Diagnoses were low back pain; lumbar radiculopathy. Exam showed neurological motor of 5/5 in bilateral lower extremities with decreased sensation over L4, L5 dermatomes with limited lumbar range. The request(s) for transforaminal lumbar epidural Injection at left L5 and S1, Qty: 2 were non-certified on 6/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection at Left L5 and S1, Qty: 2: Upheld

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

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

Decision rationale: There appears to be inconsistent exam findings with occasional intact motor strength and sensation with visits showing decreased sensation. MRI has no clear disc herniation, canal or neural foraminal stenosis with degenerative and facet changes. MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without consistent motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Transforaminal Lumbar Epidural Injection at Left L5 and S1, Qty: 2 are not medically necessary and appropriate.