

Case Number:	CM14-0090884		
Date Assigned:	07/25/2014	Date of Injury:	10/30/2010
Decision Date:	10/02/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Practice 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 36 year old female who reported an injury on 10/30/2010 due to picking up a heavy item. She has a diagnosis of lumbar radiculopathy. Past treatments included medications, physical therapy, and acupuncture. An official MRI of the lumbar spine on 09/27/2012 revealed a prominent annular/nuclear protrusion into the right lateral recess compressing the budding right S1 root against the medial facet joint at L5-S1. The injured worker has no surgical history. On 05/13/2014, the subjective complaints included constant low back pain that radiated down the bilateral lower extremities with constant numbness in the right lower extremity to the level of her toes. The physical examination findings included decreased sensitivity to pinpoint along the L5-S1 dermatome in the right lower extremity and decreased patellar reflexes on the right. The motor examination showed decreased strength of the flexor muscles along the L5-S1 dermatome in the right lower extremity. Straight leg raising was noted to be positive bilaterally at 70 degrees. The injured worker was taking tramadol 50mg twice a day. The treatment plan was to proceed with the lumbar epidural transforaminal steroid injection to reduce pain and inflammation, restore range of motion, and avoid surgery. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Transforaminal Epidural Injection on the right at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's).

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

Decision rationale: The request for 1 transforaminal epidural injection on the right L5-S1 is not medically necessary. The CA MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies. Pain must be initially unresponsive to conservative treatment. The medical records provided indicate the injured worker was experiencing radiating low back pain with decreased strength, reflexes, and motor strength in the right lower extremity. There is a lack of documentation to verify the failure of a recent trial of conservative therapy. There is also no indication the injured worker planned to participate in a more active treatment program in conjunction with injection therapy. As such, the request for 1 transforaminal epidural injection on the right at L5-S1 is not medically necessary.