

Case Number:	CM13-0067668		
Date Assigned:	01/15/2014	Date of Injury:	05/14/1996
Decision Date:	03/05/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female sustained a work related injury on 05/14/1996. The mechanism of injury was not made known. According to a progress report dated 11/14/2013, the injured worker complained of low back pain that radiated to both legs, 90 percent to the left lower extremity. According to the provider the symptoms first began 17 years ago. Pain was rate a 5-6 on a scale of 0-10. Pain was described as constant, electrical sensation, hot/burning, pins and needles, pressure, sharp, shooting and stabbing. Pain traveled down the left buttocks into the anterior thigh and sometimes posteriorly, then down the shin and into the dorsal foot and all the metatarsals, but not all of the time. Pain was aggravated by bending, coughing, driving, lifting, repetitive motion such as rising from a seated position, sexual activity, sitting, sneezing, sports injury and twisting. Alleviating factors included physical therapy, injection, medications and standing. Physical examination did not include the back or lower extremities. Diagnoses included low back pain, smoking a pack a day or less, and lumbar degenerative disc disease (titanium disk at L5-S1) pain in bilateral lower extremities. According to the provider, the injured worker had a titanium disc at L5/S1 put in which improved mobility but not the nerve pain. Shortly after that she had a laminectomy at L5-S1. The injured worker also had received injections every three months but had not received an injection in two years. Evidence of objective improvement following the injections was not submitted for review. Recommendations included transforaminal epidural steroid injection at L4 on the left. According to a previous office visit dated 10/17/2013, physical examination of the back noted facet tenderness lumbar positive at L5-S1 (left), negative myofascial tenderness, waist full range

of motion and restriction with extension, spinous process tenderness lumbar positive at L5-S1, right and left straight leg raise negative, right and left SI joint tenderness negative, right and left sciatic notch tenderness negative and coccygeal tenderness negative. Gait and station were normal. Right and left lower extremities were normal; sensation was normal and cranial nerves intact. Deep tendon reflexes left and right patella and Achilles was 2/4. Left and right Babinski was negative. Right and left clonus was negative. Imaging reports were not submitted for review. On 11/21/2013, Utilization Review non-certified transforaminal epidural steroid injection at L4. The request was received on 11/14/2013. According to the Utilization Review physician the clinical documentation submitted for review provided evidence that the injured worker had subjective complaints of radiculopathy. However, these complaints were not supported by objective clinical findings. The injured worker had a negative straight leg raising test, normal reflexes and strength and no sensation disturbances. Additionally, the MRI submitted for review did not provide evidence of nerve root involvement at the requested level. The injured worker previously received steroid injections from another doctor approximately 2 years ago. However, the efficacy of those treatments was not addressed. Guidelines cited for this review included CA MTUS Chronic Pain Chapter page 46 Epidural Steroid Injections. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs, 90% to the left along with headaches and paresthesia. The current request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4. The RFA is not included. The patient is employed as of 10/17/13. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The patient does present with radicular symptoms; however, the most recent examination findings provided from the 10/17/13 report state that straight leg raise is negative, DTR is normal and sensation is normal. No imaging reports are provided for review. The treater does state that the patient has not received an ESI for the last 2 years; however, there is no discussion of whether and how prior ESI's helped the patient. In this case, objective findings do not provide evidence of radiculopathy. Furthermore, there is no documented pain and functional improvement from prior injections. Therefore, the request IS NOT medically necessary.