

Case Number:	CM14-0186496		
Date Assigned:	11/14/2014	Date of Injury:	01/01/2014
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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:

This 68 year old male was injured on 01/01/2014 while employed. He complained of lower back pain and pain and burning sensation in feet, followed by a pain in right leg, groin and hip area. On examination by physician on 11/03/2014 his diagnoses were 1) plantar fasciitis, bilateral 2) sprain/strain of hip or thigh 3) strain of groin 4) metatarsalgia, bilateral. Treatment plan included physical therapy, over the counter insoles, ice and moist heat and pain medication. The injured worker was placed on modified work restrictions initially then returned to full duty from which he later retired. MRI of the lumbar spine on 09/04/2014 revealed mild degenerative disc disease primarily at the L4-5 and L5-S1 levels. L4-5 there was a noted bulge with superimposed left lateral recess disc protrusion and annular fissure, mild canal narrowing and mild bilateral neural foraminal narrowing at the L4-5 level. On a follow up visit by a medical provider on 10/10/2014, the injured worker continued to complain of low back shooting pain, decreased range of motion and sensation. Plan of care included a right sided lumbar spine steroid injections and pain medication. The Utilization Review dated 10/20/2014 non-certified transforaminal epidural steroid injection at L3, transforaminal steroid injection at L4, Epidurography, translaminar epidural steroid injection at L3, translaminar epidural steroid injection at L4. The evaluating physician noted ODG and MTUS recommendations.

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 L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in workers Compensation 5th Edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic); Epidural Steroid Injections (ESIs), Therapeutic.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. 10/10/2014 progress report is the most recent progress report available for review. There is a supplemental medical legal report from 11/14, but it does not contain a physical exam. The most recent progress report does not reveal any documentation of reflexes or strength in the lower extremities. Thus, the diagnosis of lumbar radiculopathy cannot be made. Since medical necessity for an epidural steroid injection requires the diagnosis of radiculopathy, the request is not medically necessary.

Transforaminal Steroid Injection at L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in workers Compensation 5th Edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic); Epidural Steroid Injections (ESIs), Therapeutic

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. 10/10/2014 progress report is the most recent progress report available for review. There is a supplemental medical legal report from 11/14, but it does not contain a physical exam. The most recent progress report does not reveal any documentation of reflexes or strength in the lower extremities. Thus, the diagnosis of lumbar radiculopathy cannot be made. Since medical necessity for an epidural steroid injection requires the diagnosis of radiculopathy, the request is not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in workers Compensation 5th Edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic); Epidural Steroid Injections (ESIs), Therapeutic

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

Decision rationale: MTUS 2009 states; epidural steroid injection should be done with "fluoroscopy," however since it is not medically necessary, the request for epidurography is not medically necessary.

Translaminar Epidural Steroid Injection at L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in workers Compensation 5th Edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic); Epidural Steroid Injections (ESIs), Therapeutic

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. 10/10/2014 progress report is the most recent progress report available for review. There is a supplemental medical legal report from 11/14, but it does not contain a physical exam. The most recent progress report does not reveal any documentation of reflexes or strength in the lower extremities. Thus, the diagnosis of lumbar radiculopathy cannot be made. Since medical necessity for an epidural steroid injection requires the diagnosis of radiculopathy, the request is not medically necessary.

Translaminar Epidural Steroid Injection at L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in workers Compensation 5th Edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic); Epidural Steroid Injections (ESIs), Therapeutic.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. 10/10/2014 progress report is the most recent progress report available for review. There is a supplemental medical legal report from 11/14, but it does not contain a physical exam. The most recent progress report does not reveal any documentation of reflexes or strength in the lower extremities. Thus, the diagnosis of lumbar radiculopathy cannot be made. Since medical necessity for an epidural steroid injection requires the diagnosis of radiculopathy, the request is not medically necessary.

