

Case Number:	CM14-0201883		
Date Assigned:	12/12/2014	Date of Injury:	01/03/2012
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 New Jersey. 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 45 year-old male who was injured on 1/3/12 when he pulled on a 18 pound battery core when he felt and heard and snapping sound in his low back and felt immediate lower back pain. The patient complained of neck pain with numbness in his left arm from elbow to fingers and back pain. He had right leg pain radiating to his toes. He had persistent spasms in his back. On exam, he had tender lumbar paraspinal muscles, left greater than right, decreased range of motion, decreased sensation at L5 and S1 dermatomes, and normal muscle strength. A 3/2014 electrodiagnostic test showed no clear evidence of a specific entrapment or traumatic neuropathy or acute or chronic denervating changes. A 4/2013 MRI of the lumbar spine showed disc desiccation at L5-S1, diffuse disc herniation with bilateral neural foraminal and spinal stenosis. He was diagnosed with lumbar radiculopathy, lumbar disc herniation with neural foraminal narrowing and cervical disc herniation with stenosis. He was treated with chiropractic sessions, acupuncture, and physical therapy. His medications included Norco, Flexeril, and Pamelor which helped decreased his pain by 20-25%. The current request is for transforaminal epidural steroid injection at right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection, right L5-S1: Upheld

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

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

Decision rationale: The request for a transforaminal epidural steroid injection at right L5-S1 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there are subjective findings and MRI findings that would support radiculopathy. However, these were not corroborated by electrodiagnostic testing which showed no clear evidence of a specific entrapment or traumatic neuropathy or acute or chronic denervating changes. The patient has been treated with conservative measures but there is no documentation of physical therapy and chiropractic notes that show a failure to improve after these treatment modalities. In the chart, there is also documentation that video surveillance showed that the patient had less pain and more functional capability than what was being portrayed during history and physical. Therefore, the request is considered medically unnecessary.