

Case Number:	CM14-0203994		
Date Assigned:	12/16/2014	Date of Injury:	03/24/2000
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Pain Medicine 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 55 year old female with a reported industrial injury on March 24, 2000, when she developed a bilateral popliteal artery entrapment due to working on her knees for many years requiring a popliteal artery release surgery. The injured worker was seen on October 14, 2014, for follow-up visit with [REDACTED] / [REDACTED]. The presenting complaints included low back pain with pain and numbness radiating into her bilateral lower extremities. She continue to have weakness in the right leg and has tripped and fallen on occasion. The pain is exacerbated with prolonged standing/ walking activities, and the performance of some of her daily activities, also complains of neck pain with radiating into her bilateral shoulders there is also reported increased numbness in the hands and burning pain the feet and hands. The physical exam revealed tenderness is noted over the lumbosacral spine and bilateral lumbar paraspinal musculature with muscle spasms noted. The seated straight leg was positive on the right side, tenderness noted over the posterior cervical paraspinal and upper trapezius musculature, where muscle spasms and myofascial trigger points were noted. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine was said to reveal bulging disc but the full report was not available for this review. The medical treatment has included physical therapy which was helpful, TENS unit which was found to be helpful, traction, Norco, Soma, Ambien, Celebrex, Neurontin and Lidoderm Patches. Diagnoses are Post laminectomy syndrome lumbar region, neuritis/radiculitis lumbosacral (right and left) lumbar facet arthropathy (right and left), sacral iliac joint arthropathy (bilateral), bursitis of the hip region (right and left), myofascial pain syndrome buttock, occipital neuralgia (right and left), myofascial pain syndrome neck/shoulder, cervical facet arthropathy (right and left), shoulder bursitis (right and left) and lateral epicondylitis (right and left). The treatment plan is bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance, bilateral L4-5 and L5-S1 lumbar facet joint steroid

injection, bilateral sacral iliac joint steroid injection, trigger point injection, bilateral hip bursa steroid injection and bilateral occipital nerve blocks. On November 14, 2014, the provider requested Bilateral Lumbar Transforaminal Epidural Steroid Injection at levels L4-L5, on November 20, 2014, the Utilization Review non-certified the requested for Bilateral Lumbar Transforaminal Epidural Steroid Injection at levels L4-L5, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar tranforaminal Epidural Steroid Injection at levels L4-L5: 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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and physical treatments. The records indicate subjective and objective findings of lumbar radiculopathy as well as long term treatment with conservative management. The radiological or nerve conduction studies showing objective confirmatory findings of radiculopathy was not available for this review. There are co-existing diagnoses of sacroiliac joint pain, lumbar facet syndrome, bilateral hip bursitis and myofascial pain syndrome of the buttocks for which injections are also being planned. Without detailed objective investigation tests that can exclude other causes of low back pain, the necessity for transforaminal injections cannot be proven. The criterion for transforaminal epidural steroid injections at bilateral L4-L5 was not met. As such the request is not medically necessary.