

Case Number:	CM15-0003690		
Date Assigned:	01/14/2015	Date of Injury:	11/15/2011
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

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:

The injured worker is a 49-year-old female who reported an injury on 01/15/2011 due to an unspecified mechanism of injury. An MRI of the thoracic spine dated 09/25/2013 showed evidence of a broad based disc bulge with superimposed left paracentral disc protrusion at the T11-12, contributing to moderate canal narrowing and effacing the left ventral subarachnoid space, contacting and flattening the left ventral aspect of the cord, the cord exhibited no abnormal signal at the level and there was mild and slight right neural foraminal narrowing. On 12/04/2014, the injured worker presented for a followup evaluation. Her medications were noted to include Flexeril, Medrol Dosepak, and Protonix, as well as Neurontin. It was noted that she continued to experience left greater than right low back pain radiating into the left lower buttock. It was noted in the past she had failed physical therapy on 4 separate occasions. She rated her pain at a 6/10. A physical examination showed mild limited range of motion in the back with flexion being 80 degrees and extension being 10 degrees, extension being noted with pain. There was tenderness to palpation in the left greater than right paraspinals and gluteus muscles and sciatic notch over the piriformis muscle. Tenderness to palpation was along the left low thoracic paraspinals and low ribs on the left, along with mid clavicular line in the back estimated T10-12 level. Strength was 5/5 and she had positive faber and piriformis stretch test bilaterally. She was diagnosed with left T11-12 disc protrusion associated with thoracolumbar pain, left trochanteric bursitis and gluteus medius tendonitis strain, degenerative disc protrusion with facet arthropathy, and L5-S1 disc bulge with probable sacroiliac dysfunction. The treatment plan was

for a left T12-L1 translaminar epidural steroid injection. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T12-L1 Translaminar Epidural Steroid Injection: 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.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended for those who have radicular pain on examination corroborated by imaging studies and when there is failure of conservative care. Also, they should be performed using fluoroscopic guidance. Based on the clinical documentation submitted for review, the injured worker was noted to have failed prior therapy and medications. However, there is a lack of documentation showing any significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the request. Also, the request does not mention whether the injection would be performed using fluoroscopic guidance. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.