

Case Number:	CM14-0107098		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old male who sustained an industrial injury on 09/30/2013. He complains of some pain in the area of the right iliac crest. He describes of having low back pain possibly due to his duty belt. He reports that he has severe ache in the flanks, and constant shooting pain that goes all the way down his right lower extremity and foot. He has had physical therapy. Medications include Norco, Naproxen, Valium, Simvastatin and Lovaza. On musculoskeletal exam: swelling, inflammation or stiffness of joints was negative. Tenderness to palpation is noted in the lateral abdominal wall muscles on the right. Straight leg raising is weakly positive on the right and strength in the right lower extremity and diminished ankle and knee reflexes. MRI of the lumbar spine on 5/27/14 showed degenerative disease at multiple levels, moderate left neuroforaminal narrowing with contact the left exiting L3 root at L3-4 level, and L5-S1, 2mm central protrusion. Assessment: Lumbar radiculopathy and abdominal myofascial pain. The patient is scheduled for right L4-L5 transforaminal epidural steroid injection. Request for Right L4-L5 transforaminal ESI was previously non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per California MTUS guidelines, the purpose of an epidural steroid injection is 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 functional benefit. Per guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); The criteria include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". In this case, there is little information as to trial and failure of conservative management (the injured worker has had physical therapy; however there is no record of PT progress notes or the number of physical therapy visits). There is no imaging / electrodiagnostic evidence of nerve root impingement at the requested level. There is no clinical evidence of radiculopathy at the requested level, as the description of the symptoms does not specify the dermatome. Therefore, the guidelines' criteria are not met and the request for right L4-5 transforaminal ESI is not established.