

Case Number:	CM14-0124279		
Date Assigned:	09/24/2014	Date of Injury:	03/04/2014
Decision Date:	10/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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:

This 32 year-old teacher sustained an injury on 3/4/14 from a trip and fall while employed by [REDACTED]. Request(s) under consideration include Left L5 transforaminal epidural steroid injection. Diagnoses include lumbar disc displacement/ back contusion/ lumbosacral neuritis; neck sprain; knee contusion; sprain MCP (Metacarpophalangeal) joint. MRI of 4/29/14 showed multilevel discogenic disease and disc protrusions; L5-S1 right disc protrusion extending into right neural foramina laterally and contacting right S1 nerve root and exiting right L5 nerve root with disc dessication. Report of 3/5/14 from the provider noted persistent left hand/wrist, left knee pain; neck and low back remain sore. Exam showed antalgic gait with mild tenderness of left cervical spine and left lumbar paraspinals muscles with mildly restricted lumbar flexion and full neck range. Diagnoses included lumbar strain with plan for medications. Report of 4/17/14 from the provider noted patient with low back pain radiating to right leg. Exam showed lumbar spine with generalized tenderness from L2 to sacrum; limited range; normal heel-toe walk; SLR (straight leg raise) positive on right at 60 degrees with intact sensation and motor strength of 5/5 in both lower extremities. Report of 7/3/14 from the pain management provider noted no relief from 6 physical therapy visits with patient taking anti-inflammatory and not taking any opioids. Exam showed pain over sacrum and down posterior left leg and posterolateral upper calf with numbness/ tingling in lateral three toes on left rated at 9/10. Exam showed painful lumbar flexion; negative SLR; absent Achilles reflexes with 4/5 strength on dorsiflexion of great toe on left. Report of 9/11/14 from the ortho hand provider noted the patient with left hand pain rated at 3-5/10 with pain over thumb MCP joint region without clear numbness or tingling. The patient had been off work for 2 months then placed on modified duty until school ended in June. Exam showed normal left wrist range; no evidence of swelling or deformity involving the CMC (Carpometacarpal) joint of thumb, wrist or distal

radioulnar joint; nerve provocative testing were negative; no tenderness noted over carpal canal or thumb CMC joint without instability with intact tendon function. Diagnoses included sprain of MCP left joint/ thumb/ ulna collateral ligament; pain left hand. Treatment included modified duty of restrictions to 5 pounds with no gripping and grasping of left hand with occupational therapy. The request(s) for Left L5 transforaminal epidural steroid injection was non-certified on 7/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: There appears to be conflicting symptom of initial non-radicular complaints of 3/5/14, then proceeding to radicular symptoms down the right side without any neurological deficits (intact motor strength and sensation) on 4/1/7/14 with latest complaints and neurological findings down left lower extremity on report of 7/3/14 not correlating with MRI findings on 4/29/14 of disc protrusion with possible impingement of L5 nerve root on right side. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Criteria for the epidural have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned. The Left L5 transforaminal epidural steroid injection is not medically necessary and appropriate.