

Case Number:	CM14-0124883		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2013
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 Illinois. 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 52-year-old female, who reported an injury on 10/01/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included midback contusion, thoracic spine sprain/strain, lumbar spine sprain/strain, lower extremity neuropathy and radiculopathy, thoracic spine multilevel disc protrusion, thoracic spine disc desiccation, lumbar spine multilevel disc protrusion. Previous treatments included medication, lumbar brace, and a TENS unit. The diagnostic testing included an EMG/NCV. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of constant mid and low back pain. The injured worker reported having occasionally severe pain with radiation, numbness and tingling going down her legs to her feet. Upon the physical examination, the provider noted tenderness to palpation of the T7-8 spinous processes and tenderness to palpation with spasms of the lumbar paraspinal and quadratus lumborum muscles bilaterally. There was tenderness to palpation of the bilateral sacroiliacs. The injured worker had a positive sitting root test. The request submitted is for a lumbar transforaminal epidural steroid injection. However, a rationale is not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection under fluoroscopy guidance at L4-5 bilaterally x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

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

Decision rationale: The request for lumbar transforaminal epidural steroid injection under fluoroscopy guidance at L4-5 bilaterally x 2 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend that if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. Additionally, there is lack of significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.