

Case Number:	CM14-0130464		
Date Assigned:	08/20/2014	Date of Injury:	11/15/2012
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old female who reported an injury on 11/15/2011, due to a fall. On 08/19/2014, the injured worker presented with lower back pain. MRI of the lumbar spine dated 03/13/2013 revealed a superimposed disc bulge at L4-5, resulting in spinal canal stenosis, along with a 5 mm right paracentral disc bulge at L5-S1. Upon examination, the injured worker had a 3/10 pain level. Examination of the lumbar spine revealed right-sided positive bilateral straight leg raise. There was pain noted over the lumbar intervertebral space upon palpation, and a palpable twitch response and trigger points noted in the lumbar paraspinal muscles. The injured worker had an antalgic gait, and a slight decreased sensation to the lower extremities. Diagnoses were lumbar spine radiculopathy. Prior treatment included TENS unit, physical therapy, chiropractic care, acupuncture, psychological intervention, and medications. The provider recommended a thoracic foraminal epidural steroid injection with fluoroscopy to the L4-5 and L5-S1, due to complaints of low back pain, which travels down the left leg. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5- S1 TFESI x1 fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Chronic pain, Epidural steroid injection (ESI) Page(s): page 46.

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

Decision rationale: The request for decision for L4-5, L5-S1 TFESI times 1 fluoroscopy is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker completed initially recommended conservative treatment, but continued to complain of radiating pain. An MRI of the lumbar spine revealed superimposed disc bulge at L4-5, resulting in spinal canal stenosis, along with a 5 mm right paracentral disc protrusion at L5-S1. The physical examination revealed a bilateral straight leg raise, pain noted over the lumbar intervertebral disc upon palpation, palpable twitch response, and trigger points noted upon the lumbar paraspinal muscles. There was a slight decrease in sensation related to the lower extremities. More information is needed on motor strength deficits. Additionally, there was no specific tenderness to palpation over the L4-5 or L5-S1 dermatomes. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. In summary, despite documentation showing persistent radiating symptoms, and despite conservative treatment, in the absence of clear corroboration of radiculopathy by physical exam findings and imaging studies or electrodiagnostic testing, and documentation showing a plan for active therapy following the injection, the request is not supported. Given the above, the request is not medically necessary.