

Case Number:	CM14-0138822		
Date Assigned:	09/12/2014	Date of Injury:	08/27/1985
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 08/27/1985 due to an unknown mechanism. Diagnoses were lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, back pain, sciatica, radiculitis, and lumbar radiculopathy. Past treatments were medications and lumbar epidural steroid injection. Diagnostic studies were MRI of the lumbar spine that revealed anterolisthesis of the L5-S1 and severe degenerative disc disease at the L4-5 and L5-S1. Physical examination on 08/12/2014 revealed complaints of low back and right radicular pain. The injured worker is status post transforaminal injection at the right L4-5. The injection was given on 03/31/2014. Follow-up on 04/30/2014 revealed symptoms were decreased and pain was rated a 3/10 however, the injured worker still complained of pain that radiated down the right leg. Straight leg raise test was positive on the left. Severe tenderness was noted in the lumbar spine. Physical examination on 08/12/2014 revealed complaints of pain primarily in the right buttock that radiated down the back of the right leg and into the lateral calf and right foot. Examination of the lumbar spine revealed severe tenderness at the right sciatic notch and right buttock. Range of motion was within normal limits. Specialized testing was straight leg raise in the sitting position was positive on the right. Strength and motor examination of the lower extremities was a 5/5 bilaterally. Sensation was intact to light touch. Deep tendon reflexes were intact. Medications were not reported. Treatment plan was for a transforaminal injection at the right L4-5. The rationale was not reported. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Injections at Right L4-5: 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, Page(s): 46.

Decision rationale: The decision for 1 transforaminal injection at right L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule states the purpose of 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. The criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially the injured worker should be unremarkable to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). Injections should be performed using fluoroscopy (light x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. It was not reported that the injured worker participated in any type of an exercise program or physical therapy after the injection. Medications were not reported. The injured worker had a follow-up appointment 1 month after his epidural steroid injection with minimal improvement. The injured worker had radiculopathy in his right leg. There was severe tenderness noted on lumbar examination. It was not reported that the injured worker had a reduction in his medication for 6 to 8 weeks. The clinical information submitted for review does not provide evidence to justify a transforaminal injection at the right L4-5. Therefore, this request is not medically necessary.