

Case Number:	CM14-0139421		
Date Assigned:	09/05/2014	Date of Injury:	10/12/2013
Decision Date:	10/09/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 54 year old female who reported an injury on 10/12/2013; the mechanism of injury occurred when she was struck by a piece of equipment. Diagnoses included L2-L3 far lateral left disc herniation with impingement of the L3 nerve root and subsequent radiculopathy; L4-L5 degenerative spondylolisthesis and L4-L5 and L5-S1 annular tears with L5 radiculopathy; and left sacroiliac joint dysfunction. Past treatments included physical therapy and medications. Past diagnostics included x-ray of the lumbar spine dated 10/12/2013, unofficial. An MRI of the lumbar spine, dated 10/15/2013, revealed L2-L3 broad based disc protrusion, left more than right, mildly narrowing of the left lateral recess slightly displacing the left L3 nerve and mildly narrowing the left neural foramen, central canal stenosis L3-L4, mild central stenosis L4-L5, annular tear, broad based disc bulge, moderate facet changes, L5-S1 right paracentral annular tear, and facet arthropathy throughout the lumbar spine greatest at L4-L5, unofficial. Surgical history included an unspecified lumbar spine surgery in 2012. The clinical note dated 08/04/2014 indicated the injured worker complained of low back pain, with numbness in the left lateral proximal thigh not past the knee, and burning in the left groin and left posterolateral thigh. Physical exam revealed decreased sensation in the left lateral thigh, positive left straight leg raise, positive left sacroiliac joint compression test, and strength rated 4/5 in the left tibialis anterior. Current medications included Percocet 5/325 mg, Tramadol ER 150 mg, Methoderm, and Naproxen 550 mg. The treatment plan included left L2-L3, L4-L5 transforaminal epidural steroid injection; the rationale for treatment was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-L3, L4-L5 transforaminal epidural steroid injections: Upheld

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

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

Decision rationale: The request for left L2-L3, L4-L5 transforaminal epidural steroid injection is not medically necessary. The California MTUS guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker complained of low back pain, with numbness in the left lateral proximal thigh not past the knee, and burning in the left groin and left posterolateral thigh. Physical exam revealed decreased sensation in the left lateral thigh, positive left straight leg raise, positive left sacroiliac joint compression test, and strength rated 4/5 in the left tibialis anterior. An MRI of the lumbar spine was reported as indicating left L3 nerve root impingement. The official MRI report was not provided. The injured worker has symptoms and physical exam findings of L3 and L4 radiculopathy; however, the official MRI report to corroborate the findings was not provided. Therefore the request for left L2-L3, L4-L5 transforaminal epidural steroid injection is not medically necessary.