

Case Number:	CM14-0147818		
Date Assigned:	09/15/2014	Date of Injury:	12/20/2000
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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:

The injured worker is a 66-year-old female who reported an injury on 12/20/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, and mood disorder. Medical treatment consists of psychotherapy, psychophysiological therapy, chiropractic therapy, physical therapy, spinal cord stimulator, lumbar epidural steroid injections, and medication therapy. Medications include Lidoderm 5%, Cymbalta, Norco, and Neurontin. A CT obtained on 07/15/2014 of the lumbar spine revealed that the injured worker had small disc bulging at L2-3 and L4-5, there was no significant central stenosis and moderate foraminal narrowing at L3-4. On 08/14/2014, the injured worker complained of back pain. Examination of the lumbar spine revealed loss of normal lordosis with strengthening of lumbar spine and surgical scar. Range of motion was restricted with flexion to 60 degrees, extension limited to 5 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 40 degrees, and lateral rotation to the right limited to 35 degrees. On palpation of the paravertebral muscles, tenderness and trigger points were noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the right side in sitting position. FABER test was negative. It was also noted that there was trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right and left. Motor strength examination and sensory examination were within normal limits. Medical treatment plan is for the injured worker to undergo additional lumbar epidural injections at the L2-3 and L3-4 level. The rationale and request were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L2-L3 and L3-L4 transforaminal lumbar epidural injection: Upheld

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

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

Decision rationale: The request for transforaminal lumbar epidural injection to the right L2-3 and L3-4 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. It was noted in the progress note dated 08/14/2014 that the injured worker's motor strength and sensory were within normal limits. There was no indication of weakness or loss of strength. There was also no radiculopathy documented by physical examination or indicated as a diagnosis to the injured worker. Additionally, there was lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. Furthermore, it was noted that the injured worker had undergone lumbar epidural injections prior; the efficacy of such injections was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guideline. As such, the request is not medically necessary.