

Case Number:	CM14-0161789		
Date Assigned:	10/07/2014	Date of Injury:	11/01/2010
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old diabetic woman who sustained a work-related injury on November 1, 2010. Subsequently, the injured worker developed hip, buttocks, and low back pain. An EMG/NCV study of lower extremities performed on September 12, 2013 was completely normal. An MRI of the lumbar spine dated July 28, 2014 showed L5-S1 foraminal encroachment right greater than left due to a combination of disc disease and facet joint osteoarthropathy. Prior treatments have included NSAIDs, periodic use of opioid narcotics, muscle relaxers, physical therapy, and acupuncture. According to a medical report dated September 2, 2014, the injured worker had had an epidural steroid injection that was not especially helpful. The injured worker had L5-S1 decompression on the left side and had immediate resolution of her pain. The injured worker has had a gradual increase of pain in the last year. The injured worker described her pain as constant and rated its severity as 8/10. 60% of her pain is lumbosacral and 40% is in the lower extremity. 40% of her lumbar pain is on the left and 60% is on the right whereas 40% of her lower extremity pain is on the left and 60% is on the right. She described her pain as aching, stabbing, and spasm to the lumbar region, gluteal region, posterior thigh, and calf, to the anterior thigh and to the anterior crural region with burning, pins and needles, shooting, and numbness. Motor strength was relatively preserved. There is a decreased cold sensation in L2-S1 dermatomes. Her electrodiagnostic work up was negative for radiculopathy. The injured worker was diagnosed with lumbar spine pain, neuroforaminal narrowing, lumbar radiculopathy, lumbar facet joint disease, and post laminectomy syndrome. The provider requested authorization for Lumbar Transforaminal Epidural Steroid Injection bilaterally, at L5 and Lumbar Transforaminal Epidural Steroid Injection, right side at S1.

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 bilaterally, at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the injured worker file does not document that the injured worker is candidate for surgery. There is no clear recent clinical, electrodiagnostic evidence and radiological evidence of radiculopathy. Therefore, Lumbar Transforaminal Epidural Steroid Injection bilaterally, at L5 is not medically necessary.

Lumbar Transforaminal Epidural Steroid Injection, right side at S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the injured worker file does not document that the injured worker is candidate for surgery. There is no clear recent clinical and radiological evidence of radiculopathy. Therefore, Lumbar Transforaminal Epidural Steroid Injection, right side at S1 is not medically necessary.