

Case Number:	CM14-0162208		
Date Assigned:	10/07/2014	Date of Injury:	08/05/2013
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
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 Emergency Medicine 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 patient has a date of injury of 8/5/2013. No mechanism of injury was provided for review. The patient has a diagnosis of lumbar radiculopathy and lumbar disc disorder. Medical reports reviewed. The last report available until 9/11/14 reports back pains radiating to groin. Pain is 9/10 and worsens with any movement. An objective exam revealed forward stooped gait, no spasms. No tenderness on exa. Extension of lumbar spine is negative. Rotation is negative for pain. Range of motion is restricted. Straight leg raise is negative. Reverse straight leg raise is positive with normal sensation. The worker had normal motor strength and normal reflexes. Lumbar transforaminal epidural steroid injection was done on 4/17/14. There is no documented improvement or any documentation concerning results. The patient also had diagnostic medial branch blocks (5/29/14) at L4-5 and L5-S1 with reported 90% improvement and a radio frequency neurotomy of R L3, L4, L5 and S1 on 6/26/14. Pain reportedly improved by 60%. MRI of lumbar spine (9/16/13) revealed L2-3 mild disc narrowing and desiccation, L3-4 with minimal broad based disc bulge, angular tear at L5-S1. No spinal stenosis or neuroforaminal narrowing. No nerve root impingement or signs of facet arthropathy. No noted electrodiagnostic reports were provided for review. A Urine Drug Screen (3/10/14) was appropriate. Medications include HCTZ, Norco, Tramadol, Gabapentin, Nabumetone and Omeprazole. Independent Medical Review is for R L3-4 transforaminal epidural steroid injection and L L3-4 transforaminal epidural steroid injection. A prior UR dated 9/19/determined the request as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Patient's exam and presentation is not consistent with radiculopathy with no noted straight leg raise, no radicular pain (pain radiates to groin) and no noted neurological deficits. MRI does not support radiculopathy and there is no EMG report supporting radiculopathy. This by itself would make LESI not recommended; however patient also fails basic criteria for ESI. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that the ESI was to decrease pain. There is no noted long term plan. Fails criteria.2) Unresponsive to conservative treatment. Patient has had noted treatment with multiple other injections that reported improved pain significantly. The patient has reported prior acupuncture and physical therapy but no documentation of how many or results. Fails criteria.3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8weeks. Fails criteria. Patient had prior LESI but there is no documentation of response.As clearly stated in MTUS Chronic pain guidelines, patient has to meet all criteria before ESI can be recommended. Patient fails to meet all basic criteria for LESI. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all basic criteria before ESI can be recommended. The treating physician has failed to document an exam consistent with radiculopathy, prior conservative measures, prior response to LESI and long term goal of treatment also fails to meet criteria. The request and documentation does not meet criteria and ESI is not medically necessary.

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