

Case Number:	CM14-0166105		
Date Assigned:	10/13/2014	Date of Injury:	06/16/2001
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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 injured worker is a 51 year old female with a date of injury on 6/16/2001. As per 7/21/14 report, she presented with back pain radiating from low back down to both legs and lower backache. Examination revealed restricted range of motion of the lumbar spine limited by pain; positive straight leg raising test on the left side; right hip pain with slight external and internal rotation; tenderness to palpation of the right knee joint over the lateral joint line and medial joint line; mild edema of the lateral ankle; pain over anterior talofibular ligament; positive anterior drawer sign on stress testing; and decreased sensation over the right anterior thigh. She is currently on Thermacare, Heatwrap, Senna, Capsaicin, Duragesic, Lexapro, Lyrica, Restoril, and Oxycodone. Medications reportedly help her a lot with the pain. She had one prior epidural steroid injection in September 2013 which reduced pain significantly by 80% for 3-4 months and improved activity tolerance. The last epidural injection was on 4/29/14 and she reported that injection has not been helpful and she did not get any relief from it. Diagnoses include low back pain and reflex sympathetic dystrophy lower limb. The request for transforaminal lumbar epidural injection L4-L5 on left was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection L4-L5 on Left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Per guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. 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. The purpose of epidural steroid injections 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). In this case, there is little to no evidence of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities) corroborated with imaging findings. There is no imaging evidence of nerve root compression. The records indicate that the injured worker has had no pain relief with prior epidural steroid injections. There is no evidence of prior trial and failure of conservative management. Based on the guidelines and available clinical information, this request is not medically necessary.