

Case Number:	CM14-0174525		
Date Assigned:	10/27/2014	Date of Injury:	11/13/2013
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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:

This 59 year-old warehouse worker sustained an injury on 11/13/13 from performing the regular duties of picking, packing, pushing, and lifting boxes while employed by [REDACTED]. Request(s) under consideration include 1 Bilateral Transforaminal Epidural Steroid Injection at the L5 level under Fluoroscopic Guidance and Conscious Sedations. Diagnoses include thoracic/Lumbosacral neuritis. MRI of the lumbar spine dated 11/26/13 showed minimal disc bulge in left foraminal L4-5 level without significant neural foraminal or central canal stenosis. X-rays of lumbar spine 7 views showed slight DJD at left facet L5-S1; otherwise was negative without instability on flexion/ extension. Medications list Cyclobenzaprine. Conservative care has included medications, physical therapy, home exercise, and modified activities/rest. Reports of 7/21/14 and 9/29/14 from the provider noted the patient with chronic constant low back pain with stabbing , tingling sensation in buttocks and posterior lower extremities rated at 10/10 without and 8/10 with medications. Exam showed antalgic gait; lumbar paraspinal hypertonicity; decreased sensation at left L5 dermatome otherwise intact; tenderness at SI joint; positive SLR, Patrick's and Gaenslen's; pain on flexion/ extension. The request(s) for 1 Bilateral Transforaminal Epidural Steroid Injection at the L5 level under Fluoroscopic Guidance and Conscious Sedations was modified for LESI under fluoroscopy without sedation on 10/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at the L5 level under Fluoroscopic Guidance and Conscious Sedations: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Therefore, the Bilateral Transforaminal Epidural Steroid Injection at the L5 level under Fluoroscopic Guidance and Conscious Sedations is not medically necessary and appropriate.