

Case Number:	CM14-0178245		
Date Assigned:	11/04/2014	Date of Injury:	09/01/2008
Decision Date:	12/09/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/27/2014

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 Maryland. 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 is a 53 year old female who had a work injury dated 9/1/08. The diagnoses include lumbosacral disc degeneration and lumbar radiculitis. Under consideration are requests for a right L4-L5 transforaminal epidural steroid injection followed by left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance. There is a progress note dated 9/02/14 that states that the patient complained of severe pain rated 7/10 in the low back and lower extremities associated with numbness and "pins and needles." She was doing well with return to work. She previously had an ESI which gave her 50 percent improvement in 6 weeks. Her current regimen includes Nucynta, Nucynta ER, Soma, Topamax, clonazepam and Valium. Examination revealed tenderness of lumbar paravertebral muscles with trigger point on the left side. There was spinous tenderness on LS. Straight leg raise was positive on the right in sitting at 50 degrees. Muscle strength is normal. Sensation was decreased as to light touch over the lateral thigh, 4th toe and 5th on the right. Patella reflex was 2/3 on the right and 3/3 on the left. Hamstrings reflex was 1/3 on the right and 2/3 on the left. Achilles reflex was 1/3 on the right and left. She has a right sided antalgic gait. Per documentation she takes less Nucynta. She takes 100mg twice a day ER with no extra some of the days. She may be able to titrate further if the ESI will be performed as requested. Once cleared by GI, she can likely resume Motrin The provider requested TFESI on the right L4-L5 followed by the left L4-L5. Per request for authorization dated 6/26/14 the patient has radicular symptoms along L4-5 dermatomes, evidence of neural impairment on examination, and neural foraminal compression on MRI due to disc protrusion. Per documentation her last injection gave 50% improvement for 6 weeks. There is a 5/2/14 document that indicates that the patient's medications were Nucynta 100 Mg and Nucynta ER 100 mg tablets. Soma 350 Mg Tablet at bedtime; Topamax 100 mg tablet twice daily; Clonazepam at bedtime; Valium as needed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Steroid Injection followed by Left L4-L5 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Right L4-L5 transforaminal epidural steroid injection followed by left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation is not clear that the patient has maintained a reduction of medication for 6 to 8 weeks after the prior injection. The documentation does not reveal radiculopathy corroborated by physical exam and imaging and electrodiagnostic studies. There are no objective imaging or electrodiagnostic studies available in the documentation submitted. The documentation does not reveal left L4-5 objective examination findings. The request for a right L4-L5 transforaminal epidural steroid injection followed by left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary.