

Case Number:	CM14-0095294		
Date Assigned:	07/25/2014	Date of Injury:	04/11/2013
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported injury on 04/11/2013. The mechanism of injury was the injured worker had a syncopal episode at work, in which she fell and hit her head. The injured worker's medications included Norco 10/325 mg 3 times a day and Flexeril 10 mg up to 2 per day. The injured worker was noted to have an MRI of the cervical spine, lumbar spine, and an EMG of the bilateral lower and upper extremities. The injured worker underwent a nerve conduction/EMG study on 03/13/2014, which revealed the injured worker had acute bilateral L5 and S1 lumbosacral radiculopathy. There was no evidence of peripheral neuropathy or entrapment neuropathy in the bilateral lower extremities. The injured worker was noted to have undergone an MRI of the lumbar spine on 03/11/2014, which revealed evidence of a disc bulge causing left foraminal narrowing and a degenerative disc at L5-S1. Prior therapies were noted to include physical therapy. The documentation of 05/28/2014 revealed the injured worker had low back to the left of midline. The injured worker was noted to have radicular symptoms in the left leg that radiated down to her left foot. The injured worker had associated numbness and tingling between her toes intermittently. The injured worker's medications were noted to include hydrocodone, cyclobenzaprine, ibuprofen, Topamax, Viibryd, Lamictal and alprazolam. The physical examination revealed the injured worker had a positive straight leg raise on the left at 90 degrees with no other motor or sensory deficits in the lower extremities. The diagnoses included L5-S1 disc protrusion and left lower extremity radiculopathy. The treatment plan included a left L5 transforaminal nerve block and physical therapy. Subsequent documentation dated 06/27/2014 revealed the injured worker had low back pain radiating into the left leg. The documentation of the physical examination revealed the injured worker had decreased light touch and pinprick in the left L5-S1 distribution. The injured worker had deep tendon reflexes of +1 in the bilateral knees and right ankle, and the reflexes were absent in the left ankle jerk. The

treatment plan included a left epidural steroid injection at L5-S1, as per the previous recommendation. There was a Request for Authorization submitted for the request procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Nerve Block Bilateral to Lumbar Spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are documented objective findings upon physical examination that are corroborated by electrodiagnostic studies. There should be documentation the pain is unresponsive to conservative care including physical medicine, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had prior physical therapy. However, there was a lack of documentation of a failure of conservative care. The injured worker had objective findings upon physical examination that were corroborated by an EMG. This request would not be supported. Additionally, the request as submitted failed to indicate the level for the requested injection. Given the above, the request for Transforaminal Nerve Block Bilateral to Lumbar Spine is not medically necessary.