

Case Number:	CM14-0098685		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2012
Decision Date:	10/21/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 47-year-old female who reported an injury on 04/12/2012 due to restraining a male minor who was engaged in a fight, the injured worker stood behind the minor so she could lock his arms behind him and pull him back. Upon doing so, she walked a couple of steps and lost balance, tripped, fell on her back and hit her head on nearby metal serving line. Diagnoses were radiculopathy, cervical, degenerative disc disease, lumbar, herniated lumbar disc, radiculopathy, lumbar spine, fibromyalgia/myositis, unspecified neuralgia, neuritis, and radiculitis. Past treatments have been medications, TENS unit, trigger point injections, and epidural steroid injection. Diagnostic studies were not submitted. Physical examination on 01/13/2014 revealed complaints of increased pain in the neck since changing medications. Examination of the cervical spine revealed left side cervical paraspinous tenderness that extended into the proximal trapezius. There was some complaint of pain with both flexion and extension range of motion as well preserved in the neck. Grip strength was well preserved. Medications were Paxil, bupropion, Protonix, Ativan, Trazodone, Lidoderm 5%, fentanyl, Percocet, Miralax, Fioricet, Vicodin, and Zofran. Treatment plan was for a CT guided transforaminal injection at the L4-5 and L5-S1. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT guided transforaminal injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The decision for CT guided transforaminal injections at L4-L5 and L5-S1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The medical guidelines recommend for a repeat epidural injection, there must objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There were no imaging studies to corroborate a diagnosis of radiculopathy for the injured worker. The injured worker had a previous epidural steroid injection with no results reported. There were no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. The clinical information submitted for review does not provide evidence to justify a CT guided a transforaminal injection at L4-L5 and L5-S1. Therefore, this request is not medically necessary.