MAXIMUS Federal Services

Case Number:	CM14-0140352		
Date Assigned:	09/18/2014	Date of Injury:	07/18/2012
Decision Date:	01/02/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 24-year-old male with a 7/18/12 date of injury. The injury occurred when the patient lifted a box off of a conveyor belt. As he rotated to the right, he felt a sharp pain in his low back area. The patient was most recently seen on 8/13/14 with complaints of right low back greater than leg pain. An MRI dated 7/26/14 showed a 2 mm at most right foraminal and far lateral asymmetric disc bulge/broad-based protrusion, extending into the right neural foramen without nerve root impingement. This was a new finding, when compared with a previous MRI from 2012, which showed no abnormalities. Electrodiagnostic studies, also performed in 2012, showed no abnormalities in the right lower extremity. Exam findings on 8/13/14 revealed no gait abnormalities, and the patient was able to toe-walk and heel-walk without difficulty. Range of motion in the lumbar spine revealed forward flexion to be 6 inches, fingertips-to-floor. Extension elicited pain, and was 50% of normal. There was also pain with lumbar rotation and to palpation over the right lumbosacral facet joint. The neurological examination revealed 1+ reflexes, and good distal strength. X-rays of the lumbar spine in 2 view dated 8/13/14, showed retrolisthesis at L5-S1. The patient's diagnoses included: 1) Chronic right low back pain. 2) Chronic right leg pain. The medications included Norco, Norflex, gabapentin, topical patches, Prilosec. Significant Diagnostic Tests: MRI x 2, Electrodiagnostic Studies. Treatment to date: medications, chiropractic treatments, SI joint injection. An adverse determination was received on 8/18/14 due to a lack of unequivocal evidence of lumbar radiculopathy on exam or EMG, and the lack of neural impingement on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal lumbar epidural steroid injection under fluoroscopy L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The AMA Guides define radiculopathy as a "significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots". The most important clinical components required to support the diagnosis of a compressive radiculopathy include: Pain, numbness, and/or paresthesias in a dermatomal distribution; An imaging study documenting correlating concordant nerve root pathology; and Associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatome(s). (Andersson, 2000). This 24 year-old worker has been receiving care for a lifting injury that occurred over 2 years ago. Treatment to date has included conservative measures, such as medication and chiropractic treatments, as well as an SI joint injection in 2012, which afforded no improvement. Since 2012, 2 MRIs have been performed, the most recent showing a small, 2 mm, non-impinging disc bulge at the right L4-5 level. Electrodiagnostic testing revealed no abnormalities in the right lower extremity. The patient continues to complain of right-sided pain, low back greater than leg. There is no documentation in the notes provided as to whether this pain is radicular in nature. Physical findings were suggestive of facet joint syndrome, with pain, plus restricted motion, in lumbar extension, and tenderness to palpation over the right L5-S1 facet. Although a comprehensive neurological exam was not carried out, motor strength was noted to be intact, and reflexes were symmetrical. No sensory deficits were recorded. The patient's pain complaints have remained consistent over time; however, there is a lack of unequivocal evidence of lumbar radiculopathy on exam or EMG, and there is a lack of neural impingement on MRI. Therefore, the request for Right lumbar transforaminal epidural steroid injection under fluoroscopy, is not medically necessary.