

Case Number:	CM14-0211399		
Date Assigned:	12/24/2014	Date of Injury:	07/09/2008
Decision Date:	02/20/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old male who has submitted a claim for lumbar sprain / strain and lumbar radiculopathy associated with an industrial injury date of 7/9/2008. Medical records from 2014 were reviewed. The patient complained of lumbosacral pain radiating to bilateral lower extremities associated with numbness and tingling sensation. Physical examination showed decreased lumbar lordosis, paralumbar muscle spasm and tenderness, positive straight leg raise test, limited lumbar motion, diminished sensation at bilateral L4 to L5 dermatomes, and weakness of L4 myotome bilaterally. Treatment to date has included use of a TENS unit, chiropractic care, bracing, physical therapy and medications. The utilization review from 12/2/2014 denied the request for bilateral L4-5 transforaminal epidural steroid injection because of no electrodiagnostic testing or MRI available to correlate the patient's manifestations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal Epidural Steroid Injection: 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 Injections Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of lumbosacral pain radiating to bilateral lower extremities associated with numbness and tingling sensation. Physical examination showed decreased lumbar lordosis, paralumbar muscle spasm and tenderness, positive straight leg raise test, limited lumbar motion, diminished sensation at bilateral L4 to L5 dermatomes, and weakness of L4 myotome bilaterally. Symptoms persisted despite use of a TENS unit, chiropractic care, bracing, physical therapy and medications hence the request for epidural steroid injection. The patient's manifestations are consistent with radiculopathy; however, there is no imaging available to document presence of nerve root impingement. The guideline criteria are not met. Therefore, the request for bilateral L4-5 transforaminal epidural steroid injection is not medically necessary.