

Case Number:	CM14-0213332		
Date Assigned:	12/30/2014	Date of Injury:	08/11/2011
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old male with an 8/11/11 date of injury, when a lift gate struck him. The patient was seen on 12/09/14 with complaints of chronic pain in the lower back, in the right and left buttock, and in the right and left hip. The pain was rated 8/10 and radiated to the legs and into the left foot. The patient also reported neck pain radiating to the shoulders and into the left arm. Exam findings of the lumbar spine revealed moderate tenderness to palpation at the paraspinals and loss of lordosis. There was hypoesthesia in the right C6 and bilateral L5 dermatomes. The DTRs and the motor strength were normal. The diagnosis is sprain/strain supraspinatus, headache, lumbar spinal stenosis, and cervical and lumbar disc displacement without myelopathy. NCS of the L5 and S1 dermatomes dated 10/14/14 revealed borderline L5 delays on somatosensory testing bilaterally. MRI of the lumbar spine dated 3/6/14 (the report was not available for the review) revealed: a disc disease at the L4/5 and L3/4 and mild disc protrusion at the L5/S1 without any spinal canal or foraminal stenosis. Treatment to date: work restrictions, PT, and medications. An adverse determination was received on 12/12/14, however the deamination page was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral L4-5 transforaminal epidural injection under fluoroscopy: 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 Injections Page(s): 46.

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. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The progress report dated 12/09/14 indicated that the patient complained of chronic pain in the lower back radiated to the legs and into the left foot. Exam findings of the lumbar spine revealed moderate tenderness to palpation at the paraspinals, hypoesthesia in the bilateral L5 dermatomes and normal DTRs and motor strength. However, there is a lack of an imaging study documenting correlating concordant nerve root pathology. In addition, there is a lack of documentation with the patient's history of extensive conservative treatments for his lower back pain. Therefore, the request for Outpatient Bilateral L4-5 transforaminal epidural injection under fluoroscopy was not medically necessary.

Outpatient bilateral L5-S1 transforaminal epidural injection under fluoroscopy: 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 Injections Page(s): 46.

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. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The progress report dated 12/09/14 indicated that the patient complained of chronic pain in the lower back radiated to the legs and into the left foot. Exam findings of the lumbar spine revealed moderate tenderness to palpation at the paraspinals, hypoesthesia in the bilateral L5 dermatomes and normal DTRs and motor strength. However, there is a lack imaging study documenting correlating concordant nerve root pathology. In addition, there is a lack of documentation with the patient's history of extensive conservative treatments for his lower back pain. Lastly, the Guidelines state that caudal injections are not recommended for chronic lumbar radiculopathy. Therefore, the request for Outpatient bilateral L5-S1 transforaminal epidural injection under fluoroscopy was not medically necessary.

