

Case Number:	CM14-0218035		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2000
Decision Date:	03/31/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 60 year old male, who sustained an industrial injury on March 28, 2000. The diagnoses have included low back pain with lumbar radiculopathy and lumbar 4-5 disc disease with anterolisthesis and resultant neural foraminal narrowing. Treatment to date has included MRI, epidural steroid injections, and topical and oral non-steroidal anti-inflammatory medications. On December 8, 2014, the treating physician noted increased low back and leg pain over the past few says. The injured worker reported the epidural steroid injection he was given on September 14, 2014 decreased his back and leg pain by 70% and had significantly increase his activity level until the recent worsening. The physical exam revealed moderately limited lumbar flexion and extension, pain with extension, tenderness over the bilateral lumbar 4-5 facet joints, positive right straight leg raise that localized to low back and right leg pain, positive left straight leg raise that localized to low back pain, mildly decreased motor strength to right foot eversion (extensor hallucis longus), and decreased sensation over the right lumbar 5 dermatome. The treatment plan included request for transforaminal epidural steroid injection for bilateral lumbar 4 and lumbar 5. On December 18, 2014 Utilization Review non-certified a request for 1 bilateral L4 (lumbar 4) and L5 (lumbar 5) transforaminal epidural steroid injection, noting the lack of evidence of significant radiculopathy on physical exam, and lack of evidence of recent trials of conservative care such as physical therapy or medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L4 and L5 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs. These records reported the worker had more than 70% improvement for more than ten weeks when prior medication was injected near the spinal nerves on 09/24/2014, which resulted in increased function. The prior injection reportedly resulted in ten months of improved pain intensity. Documented examinations described findings suspicious for radiculopathy involving the right L5 spinal nerve, but there was limited documentation demonstrating involvement of the left L5 or either L4 nerves. There were no imaging or electrodiagnostic findings submitted for review. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for transforaminal epidural steroid injections at both sides of the L4 and L5 levels is not medically necessary.