

Case Number:	CM14-0219044		
Date Assigned:	01/09/2015	Date of Injury:	11/13/2008
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York

Certification(s)/Specialty: Emergency 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 44 year old male who sustained an industrial injury on 11/13/08. The injured worker reported symptoms in the lower back and bilateral hip and right leg pain. The diagnoses included right lumbar radiculopathy, herniated nucleus pulposus, lumbar spine, L4-L5, L5-S1, and Lumbago. Documentation supports the IW had undergone physical therapy, chiropractic treatment and took nonsteroidal anti-inflammatory drugs and muscle relaxants for more than 12 weeks. An MRI dated 10/23/2009 demonstrates no canal stenosis or neural foraminal narrowing at L4-L5 level, but does demonstrated moderate to severe narrowing at L5-S1. The injured worker received an epidural injection on 4/7/14 which was noted to provide "50-60% of pain relief for 4 months". PR2 dated 9/30/14 noted the injured worker presents with pain described as "sharp, shooting, stabbing and burning in nature" and "associated with stiffness and muscle spasms as well as weakness, numbness and tingling sensation in the right." Physical examination on this date documents lumbar spine tenderness from L3-L5 bilaterally. Pain increases with range of motion testing which is limiting. Straight leg raise is positive on the right. Weakness is documented in the right lower extremity in L4-L5 myotomes. The treating physician is requesting right lumbar transforaminal epidural injection under fluoroscopy at L4-L5, L5-S1. On 12/1/14 Utilization Review non-certified a right lumbar transforaminal epidural injection under fluoroscopy at L4-L5, L5-S1 citing evidence based guidelines and California Chronic Pain Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right lumbar transforaminal epidural injection under fluoroscopy at L4-L5, L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had an injection with documented improvement of symptoms. There are no electrodiagnostic studies included in the chart material. An MRI documents foraminal narrowing at L5-S1 level. The most recent physical examination supports radicular findings at the L4-L5 distribution area. Because the radiographic findings and the physical examination findings do not coincide with radiculopathy at the same level, the request for epidural steroid injections at the L4-L5 and L5-S1 levels are not medically necessary.