

Case Number:	CM14-0054239		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2011
Decision Date:	02/06/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in California. 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:

The injured worker is a 47-year-old male who reported an injury on 11/27/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar radiculopathy and left knee meniscal tear. Past medical treatment consists of psychiatric evaluations, Functional Restoration Programs, transforaminal epidural steroid injections, and medication therapy. No medications were submitted for review. No pertinent diagnostics were submitted for review. On 03/27/2014, the injured worker continued to have increasingly depressive symptoms, pain in the left knee, and pain in the lumbar back. It was noted that the injured worker had L4-5 broad based disc bulge causing mass effect on the anterior thecal sac with mild right NF narrowing at L4-5, as well as a broad based disc bulge abutting the thecal sac at L3-4. The low back pain radiated to the right lower extremity. It was also noted that the patient had a sitting straight leg raise positive on the right, negative on the left. Negative femoral stretch bilaterally. Pain limited manual muscle testing, 4+/5 to 5-/5 right ankle dorsiflexors and evertors, 5-/5 on the left. Medical treatment plan is for the injured worker to undergo transforaminal epidural injections at L4-5. The provider feels that the injections would help with the injured worker's pain. No Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Transforaminal Epidural Injection x1: 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 Page(s): 46.

Decision rationale: The request for left L4-5 transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. There should be physical findings on examination corroborated with imaging studies. There should be evidence of the injured worker being initially unresponsive to conservative treatment, to include exercises, physical methods, and NSAIDs and muscle relaxants. Injections should be performed using fluoroscopy for guidance. The documentation dated 03/27/2014 indicated that the injured worker had lumbar back pain. It was also noted on physical examination that the pain radiated to the right lower extremity. There was a positive straight leg raise on the right, negative on the left. However, there was no indication of the injured worker having undergone and been unresponsive to conservative treatment. Additionally, the submitted documentation lacked pertinent physical examination findings. Furthermore, there were no imaging studies submitted for review to corroborate radicular findings. Also, the request as submitted did not specify whether the epidural was going to be performed under fluoroscopy for guidance. Given the above, the injured worker is not within the California MTUS Guidelines. As such, the request is not medically necessary.