

Case Number:	CM15-0112705		
Date Assigned:	06/19/2015	Date of Injury:	02/24/2014
Decision Date:	10/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 32 year old male patient who sustained an industrial injury on 2-24-14. The diagnoses include lumbar radiculopathy, low back pain and lumbar sprain. Per an initial consultation dated 3-20-15, he reported that radiation of low back pain to the right lower extremity returned. He had complaints of low back and right foot pain rated 8 to 9 out of 10 on the visual analog scale. Physical exam revealed lumbar spine with tenderness to palpation over the right paraspinal muscles with hypertonicity of bilateral lumbar paraspinal musculature, range of motion with flexion, extension and bilateral lateral bend at 5 degrees, bilateral lower extremity deep tendon reflexes 1 out of 4, diminished sensation over the right L3 and L4 distribution and 4 out of 5 motor strength in the right extensor hallucis longus and walked with an antalgic and right Trendelenburg gait. Per the doctor's note dated 4/22/15, he had complaints of low back pain with numbness and tingling in both legs. Physical examination revealed tenderness and limited range of motion of the lumbar spine, negative straight leg raising test and intact distal neurovascular examination. The medications list includes Flexeril and Naproxen Sodium. He has had magnetic resonance imaging lumbar spine dated 6-20-14 which revealed degenerative disc disease at L4-5 and L5-S1 with mild right disc bulge and minimal canal compromise, the L5-S1 disc extended into the epidural fat but did not appear to touch the thecal sac or nerve root. Previous treatment included physical therapy, chiropractic therapy and medications. The injured worker had been scheduled for lumbar epidural steroid injections at L4-5 and L5-S1 on 11-19-14. The procedure was cancelled as the patient's right leg radicular complaints had resolved. The physician recommended right transforaminal epidural steroid injections at L4-5 and L5-S1, electromyography and nerve conduction velocity test of the right lower extremity and a trial of medications (Nucynta, Lyrica and Cymbalta). On 5-13-15, Utilization Review noncertified a request for transforaminal lumbar epidural steroid injections at right L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Transforaminal lumbar epidural injection right L4-L5 and L5-S1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Transforaminal lumbar epidural injection right L4-L5 and L5-S1 is not fully established for this patient. Therefore, the request is not medically necessary.