

Case Number:	CM14-0143433		
Date Assigned:	09/10/2014	Date of Injury:	08/27/2013
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine and is licensed to practice in Illinois and 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 58-year-old male who reported a work related injury on 08/27/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses include lumbar spinal stenosis and thoracic/lumbar neuritis/radiculitis. Past treatment has included medication, physical therapy, modified duty, and chiropractic treatment. The injured worker's diagnostic studies consisted of an official MRI of the lumbar spine dated 02/10/2014 which revealed multilevel lumbar spondylosis with degenerative disc disease with severe narrowing of the left neural foramina and moderate to severe narrowing of the right neural foramina. The injured worker had a bilateral groin exploration with excision of cord lipoma and inguinal herniorrhaphy utilizing a PHS mesh. Upon examination on 08/21/2014 the injured worker complained of low back pain with left leg pain. The injured worker had been using Norco. He felt that this medication helped to reduce his pain from a 6/10 to a 4/10 on a VAS pain scale. Physical examination revealed decreased sensation in the right shin and left calf. Reflexes were noted to be 2+ and symmetrical at the knees and ankles. Motor testing revealed 5/5 strength in both lower extremities. A straight leg raise cross and a straight leg raise were both negative. The injured worker's medications included Norco and Cymbalta. The treatment plan consisted of a lumbar transforaminal epidural steroid injection, left L3/L4, L4/L5. The request for the rationale is low back pain. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal epidural steroid injection (TFESI), left L3/4, L4/5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESI).

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

Decision rationale: The request for Lumbar Transforaminal epidural steroid injection (TFESI), left L3/4, L4/5 is not medically necessary. The California MTUS Guidelines state an epidural steroid injection is recommended as an option for treatment of radicular pain which is defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, to include continuing a home exercise program. The criteria for epidural steroid injections includes radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment. The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. Within the documentation, there is evidence of failure of conservative care. However, the amount of functional improvement and specifics of the conservative care were not provided. The physical exam findings included intact strength and reflexes and negative straight leg raising. There is a lack of physical exam findings to support a diagnosis of radiculopathy. In addition, there is no indication the injured worker planned to participate in other rehab efforts in conjunction with injection therapy. As such, the request for Lumbar Transforaminal epidural steroid injection (TFESI), left L3/4, L4/5 is not medically necessary.