

Case Number:	CM14-0151012		
Date Assigned:	09/19/2014	Date of Injury:	04/19/2011
Decision Date:	11/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation 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 40-year-old male who reported an injury due to heavy lifting on 04/19/2011. On 08/26/2014, his diagnoses included chronic pain NEC, lumbago, lumbar disc displacement at L4-5 status post microdiscectomy and left laminotomy and lumbosacral neuritis NOS. His complaints included low back pain rated 6/10 to 7/10. It was noted that he performed his activities of daily living but had to restrict his employment due to pain. His medications, which included gabapentin 300 mg, Tizanidine 4 mg and tramadol 50 mg, were noted to reduce his pain by less than 50%. His lumbar ranges of motion were within the functional limits but elicited pain at the end ranges of flexion and extensions. On palpation, there was moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness, more on the left than on the right. His motor strength on the left lower extremity was within normal limits except for foot dorsiflexion and toe extension which were 4. He had decreased light touch and pinprick sensation in the L5 distribution of the left lower extremity. The progress note revealed that an MRI of the lumbosacral spine on 06/20/2011 showed paracentral disc extrusion at L4-5 with neuropathic encroachment on the left axillary recess affecting the left L4-5 nerves and bilateral spondylosis at L5-S1. The treatment plan and rationale stated that this worker had a recent increase in his back pain with radicular pain to the left leg in the L5 distribution. He continued to have symptoms of radicular pain with MRI findings consistent with the clinical presentation. The recommendation was for an L4-5 transforaminal epidural steroid injection under fluoroscopic guidance. A Request for Authorization dated 08/27/2014 was included in this worker's charts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Transforaminal Epidural Steroid Injection under Fluoroscopic Guidance QTY:

1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The request for L4-5 transforaminal epidural steroid injection under fluoroscopic guidance quantity 1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDS and muscle relaxants. There was no indication in this submitted documentation that this worker had participated in physical therapy, a home exercise program or physical methods, including acupuncture or chiropractic treatment. The clinical information submitted failed to meet the evidence based guidelines for epidural steroid injection. Therefore, this request for left L4-5 transforaminal epidural steroid injection under fluoroscopic guidance quantity 1 is not medically necessary.