

Case Number:	CM14-0038761		
Date Assigned:	06/27/2014	Date of Injury:	08/11/2013
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Medicine 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 63 year old female who sustained an injury to her low back on 08/11/13 due to cumulative trauma while performing her usual and customary duties as a medical transcriptionist. The injured worker developed pain in her left lower back and left hip area. There was no imaging study provided for review; however, MRI of the low back reportedly revealed suspicion of an extradural mass of some type at L2-3, either meningioma, extruded disc, or other such; additional degenerative changes with some foraminal encroachment at L2-3, L3-4, and L4-5. Treatment to date has involved being off the job for 3-4 days. She had an injection into the gluteus medius that helped for 3-4 hours. MRI of the left hip was essentially negative. The injured worker finished a regimen of physical therapy that was helpful and she has not worked since 08/05/13. Physical examination noted reflexes in the lower extremities intact; no distinct sensory deficit involving the bilateral lower extremities; forward bending fingertips touch toes; bilateral lateral bending/extension is non-restricted; straight leg raise 80 degrees bilaterally positive; full range of the hip joint motion bilaterally. The injured worker was diagnosed with a strain of the left hip with sensitivity over the gluteus medius muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural injection at left L1 and L2: Upheld

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

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

Decision rationale: The request for a lumbar transforaminal epidural steroid injection at left L1 and L2 is not medically necessary. The previous request was denied on the basis that the injured worker really has no signs of radicular pain. Furthermore, the lumbar spine MRI did not document any large disc protrusions that would correlate with the reported subjective findings. Likewise, no electrodiagnostic electromyography (EMG) test was documented to confirm any radicular neuropathy. The Chronic Pain Medical Treatment Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Chronic Pain Medical Treatment Guidelines also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the request for a lumbar transforaminal epidural steroid injection at left L1 and L2 is not indicated as medically necessary.