

Case Number:	CM14-0050155		
Date Assigned:	07/09/2014	Date of Injury:	09/01/2011
Decision Date:	08/20/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Texas. 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 female who sustained an injury to her low back on 09/01/11. The mechanism of injury was not documented. There was no recent imaging study provided for review; however, magnetic resonance image of the lumbar spine dated 12/01/12 revealed pedicles congenitally shortened, resulting in mild diffused narrowing of the lumbar spine; most pronounced within the lower lumbar spine; diffused lumbar spondylosis most pronounced at L4-5 and L5-S1 where mild spinal canal stenosis and mild narrowing of the bilateral neuroforamina is seen; straightening of the normal lumbar lordosis; sclerosis seen within the bilateral L5 Pars interarticularis, which may represent sequela of a chronic Pars type stress reaction. Treatment to date has included chiropractic manipulation visits, postoperative physical therapy visits; cane and Norco. The records indicate that the injured worker is status post left hip replacement dated 09/20/13. Progress report dated 02/20/14 noted that the injured worker continued to complain of low back pain at 10/10 VAS (Visual Analog Scale) with constant radiation and associated numbness down the left leg to the foot. The injured worker noted swelling and now has pain radiating to the right leg/knee; physical examination noted antalgic gait; single point cane for ambulation; decreased sensation in the left L3 and L4 dermatomes; hyperesthesia throughout the left leg; 4+/5 strength in the bilateral tibialis anterior, extensor hallucis longus, invertors, plantar flexors, and evertors. The injured worker was diagnosed with herniated nucleus pulposus at L4-5 and L5-S1 with moderate to severe stenosis, lumbar radiculopathy, and severe degenerative joint disease of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tranforaminal Epidural Steroid Injection (ESI) in the L4, L5 and S1: 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 a transforaminal epidural steroid injection (ESI) in the left L4-5 and L5-S1 levels is not medically necessary. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging study or electrodiagnostic reports provided for review that would indicate an active radiculopathy at the L4-5 and L5-S1 levels. Given this, the request for a transforaminal epidural steroid injection (ESI) in the L4-5 and L5-S1 levels is not indicated as medically necessary and appropriate.