

Case Number:	CM13-0002904		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2004
Decision Date:	03/05/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 32 year old female with date of injury 08/25/04. The listed diagnoses per [REDACTED]. [REDACTED] are lumbago, post-laminectomy syndrome lumbar, radicular syndrome, failed back surgery with radiculopathy, sacroilitis, therapeutic drug monitoring and long-term (current) use of other medications. According to progress report dated 06/14/13 by [REDACTED], the patient presents with low back pain with worsening of left lower extremity weakness. She reports persistent numbness to the L5 nerve on the left which has now worsened. The patient is also reporting right upper extremity radicular pain, numbness and tingling to the dorsal surface of the extremity which has been ongoing for a month now. She reported falling at least three times. The objective findings show tenderness upon palpation of the spine. There was pain at the facet joint of L4-5, L5-S1 and with extension past neutral. Straight leg raise is positive on the left. 4+ left SI joint tenderness. The SCS site appears well healed with no redness, increase in temperature or drainage. The motor strength of the left lower extremity is 2/5, right is 5/5. The patient is unable to perform heel walk on the left lower extremity. The toe walk is intact. The cranial nerves 2-12 are grossly intact. Deep tendon reflexes 2+ symmetrical. The provider is requesting bilateral L5-S1 and S1-2 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L5-S1 and S1-2 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting bilateral L5-S1 and S1-2 epidural steroid injections. The California MTUS guidelines page 46 and 47 states radiculopathy must be documented with physical examination and imaging studies. The progress report dated 06/14/13 by [REDACTED], shows positive straight leg raise on the left, 2/5 motor strength of the left lower extremities compared to 5/5 on the right lower extremities. The CT scan dated 05/09/13, showed the following at L5-S1: prior laminectomy, discectomy and posterior spinal fusion, left greater than the right and facet hypertrophy ligamentum flavum thickening is noted. On the left, ligamentum flavum hypertrophy present at the posterior thecal sac may contact the traversing left S1 and S2 nerve roots. The provider reports that the patient has failed physical therapy and NSAIDs. The patient received an epidural steroid injection on 07/15/13; reports on pain outcome were not made available. The California MTUS recommends no more than 4 blocks per region per year. No more than two nerve root levels should be injected using transforaminal blocks. The reports dated 01/04/13 to 06/14/13 shows the patient received no more than one ESI in 2013. In this case, the provider is requesting 2 nerve root levels ESI on each side for a total of 4 injections. The California MTUS guidelines states, "No more than two nerve root levels should be injected using transforaminal blocks." The patient's symptoms are mostly left-sided with positive exam findings on the left side as well. It is not clear why the provider wants to perform the injections on the right side as well. The CT scan findings are mostly on the left side as well. Given that MTUS limits no more than 2 levels for transforaminal approach, recommendation is for denial.