

Case Number:	CM13-0011172		
Date Assigned:	09/19/2013	Date of Injury:	11/29/2011
Decision Date:	01/17/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/14/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 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 55-year-old male who reported a work related injury on 11/29/2011 due to hitting a pothole while driving a truck. The patient's chief complaints are low back pain, bilateral lower extremity pain, and neck pain and shoulder pain. The patient's treatments to date have included anti-inflammatory medication, physical therapy, bracing, acupuncture, and previous spinal surgery in 1985 to include L5-S1 laminectomy. A MRI of the lumbar spine dated 01/30/2013 revealed postsurgical changes in the right L5-S1 level with granulation tissue surrounding the proximal aspect of the right S1 nerve sleeve and the right anterior epidural space. The patient's medications include Norco, baclofen, and Colace. The request is for left S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

left S1 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The recent clinical documentation states that the patient reported physical therapy had been helpful for his neck pain. The patient reported he had been stretching and exercising and continued to have low back pain that radiated to the left lower extremity. A straight leg raise on the left caused pain down the left posterior leg. A straight leg raise/nerve root tensioning reproduced symptoms down the posterior thigh, more medially than laterally. Achilles reflexes were diminished. Strength was decreased in both lower extremities to a 4/5. The patient was able to walk on his toes but not able to walk on the heels. It was noted that the patient's MRI of his lumbar spine dated 01/30/2013 showed disc desiccations in multiple levels and the L5-S1 disc was nearly collapsed. The granulation tissue on the right side lateral recess at L5-S1 was noted around the right S1 nerve root. The California Chronic Pain Medical Treatment Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and there must be documentation stating the patient was initially unresponsive to conservative treatment. The clinical documentation presented for review supports the request for epidural steroid injection to left S1. As such, the request for left S1 transforaminal epidural steroid injection is certified.