

Case Number:	CM13-0018455		
Date Assigned:	06/06/2014	Date of Injury:	08/19/2003
Decision Date:	07/25/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 47-year-old male who sustained a work related injury on 8/19/2003. The injury occurred when he was standing upon a countertop stocking a shelf above his head, when he grabbed a pipe above him to get his balance and felt a pain in the left side of his low back radiating down his left leg. Since then, the patient has developed and complained of neck, back, left hip, knee and foot pain that is 2/10, 3-4/10, 2-3/10 and 3-4/10 on the 1 to 10 pain scale; respectively with the pain worsened by prolonged sitting, standing and walking. He complains of radicular left leg pain and burning in his left foot with inconsistent complaint of left foot weakness. On physical examination there is tenderness and muscle spasm of the cervical and lumbar paraspinal musculature on the right. Additionally, there is documented decreased global cervical and lumbar range of motion. Neurological examination is absent of motor, sensory or deep tendon reflex deficit. An MRI dated 3/15/10 of the pelvis demonstrates a split nerve component partially passing through the left piriformis muscle. Broadening, flattening and hyper intensity change affecting the left sciatic nerve as it exits the sciatic notch with the hyper intensity persisting as the nerve descends through the ischial tunnel. A lumbar MRI dated 10/05/11 finds L4-5 mild spinal canal stenosis with a bilateral 4mm disc bulge, causing mild compression of the traversing L4 nerve roots. An electromyography (EMG) study dated 11/02/11 found 'mild bilateral S1 radiculopathies, although in this case, needle EMG found no S1 acute or chronic denervation. His current treatment regimen includes Maxzide, gabapentol cream, Relafen, glucosamine and chondroitin, diclofenac and Cialis; which is all helping to decrease his symptoms. He has a history of undergone a transforaminal epidural steroid injection of the left L4-5, L5-S1 injection on March 18, 2013 with the second injection occurring on Sept 12, 2013 with "wonderful" relief afterward. He was able to work full duties afterward.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

Overtaken

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.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". Per the CA MTUS guidelines, corroborated evidence of imaging studies or electrodiagnostic testing must be made in order to authorize an ESI. As the patient has identified lumbar nerve root impingement and S1 radiculopathies bilaterally, it is medically necessary for the requested lumbar ESI to be performed and is authorized.