

Case Number:	CM13-0019399		
Date Assigned:	10/11/2013	Date of Injury:	03/10/2004
Decision Date:	01/07/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 & 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 43 year old male with a date of injury on 3/10/04. The patient's diagnoses include degenerative disc disease lumbar spine with radiculopathy right lower extremity CRPS syndrome, bilateral calf fasciculations, long standing, right ankle and mid foot degenerative joint disease, post traumatic, right Achilles tendonitis, diabetes mellitus, neural foraminal narrowing L5-S1 mild to moderate left, mild right L2-L3, L5-S1 disc protrusion 6.5 mm displacing left S1 nerve root per 11/2011 MRI, and progressive neurological deficit. The progress report dated 7/12/13 by [REDACTED] noted that the patient complained of ongoing low back pain and bilateral lower extremity complaints. The patient denied recent trauma, but indicated that his legs have become progressively weaker within the last 2 weeks. The patient reported that he had not gotten out of bed for the past 7 days due to his symptoms. Exam findings included antalgic gait, bilateral calf trembling, greater on right, tenderness, spasm, decreased range of motion in all planes, decreased sensation to right L4, L5 and S1 dermatomes, decreased motor strength, atrophy of the right calf, and bilateral feet that appear purple and red. The procedure report dated 2/15/13 indicated that the patient had a spinal cord stimulator trial performed without complication. The progress report dated 2/22/13 by [REDACTED] noted that the patient had only 10% relief from the spinal cord stimulator trial and would like to try an epidural steroid injection (ESI). He had completed 12 sessions of PT and 6 visits of acupuncture with only short term relief in the past. The progress report dated 6/17/13 by [REDACTED] noted that the patient reported approximately 40% decrease in pain from the lumbar ESI performed on 5/22/13. The patient felt that he could now start to take less pain medication and noticed increased walking distance. A second transforaminal ESI was requested for the bilateral S1 roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

transforaminal (TF) epidural steroid injection for the S1 roots: Upheld

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

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

Decision rationale: patient was about three and a half weeks status post a first injection. It appears that the 40% improvement was continued as the patient felt that he could now start to take less pain medication and noticed increased walking distance. A second transforaminal ESI was requested for the bilateral S1 roots. MTUS guidelines state that repeat blocks 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. It appears that the patient did have some improvement for at least 3.5 weeks. However this case does not meet the criteria for a repeat block, therefore recommendation is for denial. The request for a TF ESI is not medically necessary and appropriate.