

Case Number:	CM13-0023338		
Date Assigned:	12/11/2013	Date of Injury:	03/31/2009
Decision Date:	02/03/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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 claimant is a 56-year-old gentleman who was injured on March 31, 2009. Records for review indicate injury to the lumbar spine. Recent assessment dated October 23, 2013 with treating provider [REDACTED] indicated a diagnosis of lumbar degenerative disc disease at multiple levels with radiculopathy to the bilateral lower extremities. Physical examination findings show an inability to lie supine with diffuse tenderness from L2 through S1 and tenderness noted to palpation over the lateral thighs and lateral calves. Neurologic examination showed dysesthesias to the left calf. Reviewed at that time was a lumbar MRI from February 24, 2011 showing the L3-4 level to be with central disc protrusion with no documented neural impingement. The L4-5 level was noted to be with a disc protrusion with annular tearing and the L5-S1 level was with an anterolisthesis at L5 on S1 with facet arthropathy. Also noted were prior electrodiagnostic testing from August 2011 that showed the right lower extremity to be with an L5 "mild radiculopathy". Recommendations at that clinical visit were for lumbar epidural steroid injections to be performed bilaterally at the L3-4 and L4-5 level as well as continuation of medication management. There is indication of prior epidural steroid injections on multiple occasions dating back to 2009. Documentation of efficacy is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TFESI) at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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Decision rationale: Based on California MTUS Chronic Pain Guidelines, bilateral L3-4 and L4-5 epidural injections cannot be supported. In regards to epidural steroid injections, California Guidelines first and foremost indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The claimant's imaging at present fails to demonstrate compressive findings at the two requested procedural levels. There is also a lack of electrodiagnostic evidence of left sided radiculopathy to necessitate the role of the bilateral procedure in this case. Lastly, there was no indication of benefit noted from prior epidural procedures which were noted to have occurred on multiple occasions. The specific request for the acute need of the two level epidural injections in question cannot be supported.