

Case Number:	CM13-0025255		
Date Assigned:	11/20/2013	Date of Injury:	01/02/2013
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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.

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 31 YO male with date of injury 01/02/2013. The patient has a diagnosis of bilateral S1 radiculopathy with positive EMG/NCS, Right L5 radiculopathy, bilateral L5 pars defect, lumbar degenerative dis disease, lumbar sprain/strain, grade I spondylolisthesis at L5, larger right paracentral disc protrusion at L5 - S1 measuring 7 mm displacing the right S1 nerve root and touching the right L5 nerve root, severe right L5 neural foraminal stenosis and severe right L5-S1 lateral recess stenosis as stated on report dated 9/13/13 by [REDACTED]. The patient complains of low back pain radiating to the right buttock and right posterior thigh. He also reports right knee pain and bilateral groin pain. Physical examination shows tenderness upon palpation of the lumbar paraspinal muscles, bilateral straight leg raise. Sensation was mildly decreased in the patient's bilateral S1 dermatomes. Nerve root tension signs, right sitting root and right straight leg raise, were positive. EMG reports from 8/26/13 and 4/24/13 document S1 and L5 radiculopathies. A request was made for bilateral L5 - S1 lumbar transforaminal epidural steroid injection to treat the patient's bilateral lower extremity radiculopathy symptoms. The previous 3/28/13 right L5-S1 and right S1 transforaminal epidural steroid injection provided 50% relief of right low back pain and 80% relief of right lower extremity radiculopathy symptoms for five months. Utilization review dated 08/30/2013 shows request being denied because it was not clear that the 03/28/2013 Epidural Steroid Injection provided at least 50 % relief for at least 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Injection: Upheld

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

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

Decision rationale: The patient complains of low back pain radiating to the right buttock and right posterior thigh. He has a diagnosis of bilateral S1 radiculopathy with positive EMG/NCS dated 8/26/13. Exam findings on 9/13/13 showed Lumbar discogenic provocative maneuvers were positive, bilateral straight leg raise. Sensation was mildly decreased in the patient's bilateral S1 dermatomes. The previous 3/28/13 right L5-S1 and right S1 transforaminal epidural steroid injection provided 50% relief of right low back pain and 80% relief of right lower extremity radiculopathy symptoms for five months. It was also noted that the patient was able to discontinue his hydrocodone and gabapentin after his 3/28/13 lumbar epidural steroid injection. MTUS pg. 46, 47 requires radiculopathy to be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks are only indicated if at least 50% pain relief with associated reduction of medication use for six to eight weeks is reported. The requested bilateral L5 - S1 lumbar transforaminal epidural steroid injection appears to meet the guidelines noted above. Therefore, authorization is recommended.