

Case Number:	CM13-0027421		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2012
Decision Date:	03/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/20/2013

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 and 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 32 year old male with date of injury on 03/26/2012. The medical record dated 09/18/2013 indicates that the patient's diagnoses include: (1) Low back pain with radiation to buttocks, probable lumbar radiculopathy. (2) Disk herniation at L5-S1, 4-mm with annular tear resulting in mild to moderate S1 lateral recess stenosis, right greater than left. The patient continues with low back pain and bilateral leg pain. The patient has previously undergone two epidural steroid injections. The first one was on 09/25/2012 and the second was performed on 03/06/2013. The patient reports that he had significant relief of his symptoms greater than 50% for 4 months after the first injection and 2 months after the second injection. The treating physician states that the exam findings on 08/20/2013 showed positive straight leg raise testing from a sitting position for bilateral thigh pain. A request was made for bilateral transforaminal epidural steroid injection at L5-S1. The utilization review letter dated 08/30/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at bilateral L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's, under its chronic pain section Page(s): 46, 47.

Decision rationale: The patient continues with low back pain and radicular symptoms in the bilateral lower extremities. The patient has had two previous epidural steroid injections. The most recent was in March of 2013 which the patient stated he received approximately 2 months of at least 50% reduction of symptoms. The patient had reduction in his work restrictions following this injection. The patient exam findings on 08/20/2013 indicated positive straight leg raise bilaterally for thigh pain. The treating physician states that the patient's MRI imaging shows lateral recess narrowing at the L5-S1 level which can cause S1 radiculopathies. There was annular tear at L5-S1 associated with a 4-mm protrusion. The progress report dated 10/15/2013 by indicates that the patient was going to move forward with the requested injections and states that the injections have been authorized. MTUS Guidelines page 46 and 47 regarding epidural steroid injections state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. MTUS further states that in the therapeutic phase, repeat blocks should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The records appear to indicate that the patient has met the abovementioned guideline recommendations. Therefore, authorization is recommended.