

Case Number:	CM13-0029648		
Date Assigned:	12/11/2013	Date of Injury:	06/02/1998
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 62-year-old male who reported an injury on 06/02/1998, mechanism of injury not stated. The patient is noted to have been diagnosed with mechanical low back pain, left L5 radiculopathy, large left-sided 5 mm x 40 mm disc extrusion, moderate to severe foraminal stenosis, lumbar spinal stenosis, bilateral lower extremity pain, bilateral sacroilitis, myofascial pain syndrome, and right hip pain. He is noted to have undergone a left L4-5 and L5-S1 transforaminal epidural steroid injection on 05/30/2013. On 07/01/2013, the patient was noted to have been seen by [REDACTED] and is reported to have had 60% improvement in his left leg and foot pain for a period of 1 month. He also noted 30% improvement in the intensity of his low back pain. He had flexion to 60 degrees with moderate low back pain and extension to 10 degrees with moderate low back pain. Lower extremity strength on the right was at 5/5 in all planes tested, and left lower extremity strength was 4/5 to 5/5 in thigh flexion and extension and 4/5 in knee flexion and extension and EHL strength. The patient is noted to have 2+ reflexes at the patellae bilaterally, 1+ reflex at the right ankle, and 0 reflex at the left ankle. He is reported to have undergone an electrodiagnostic study on an unstated date that reported chronic left L5 radiculopathy. An MRI reported to have been performed on 08/02/2012 was reported to show a large left-sided disc extrusion 5 mm x 14 mm with moderate to severe bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a bilateral L4-5 and L5-S1 transforaminal epidural steroid injection:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 62-year-old male who reported an injury on 06/02/1998. He is noted to complain of ongoing low back pain with bilateral leg pain, worse on the left. He underwent a left L4-5 and L5-S1 epidural steroid injection on 05/30/2013, which he reported gave him 60% improvement in his left leg and foot pain and 30% improvement in his back pain lasting 1 month. He is noted on 08/15/2013 to complain of low back and bilateral leg pain, left worse than right, radiating to his feet and big toes with occasional episodes of weakness. He is noted to have decreased range of motion with pain in the lumbar spine and decreased strength in the left lower extremity thigh flexion and extension, knee flexion and extension, and the EHL. He is noted to have a mildly decreased deep tendon reflex at the ankle on the right and an absent deep tendon reflex at the ankle on the left. He is reported to have undergone electrodiagnostic studies that show chronic left L5 radiculopathy and is reported to have undergone an MRI in 08/2012 with a large left-sided disc extrusion with moderate to severe bilateral foraminal stenosis. The California MTUS Guidelines state that epidural steroid injections are recommended for patients who have complaints of radiculopathy which are documented by neurological deficits on physical exam and corroborated by imaging studies and electrodiagnostic testing. Although the patient is noted to have physical exam findings of radiculopathy with neurological deficits with weakness and decreased deep tendon reflexes at the ankles, the electrodiagnostic studies that are reported to chronic L5 radiculopathy and the MRI that is reported to show a large left-sided disc extrusion were not submitted for review to corroborate the findings of physical examination. Based on the above, the requested Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection are non-certified.