

Case Number:	CM13-0031473		
Date Assigned:	12/04/2013	Date of Injury:	02/19/2007
Decision Date:	02/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 and Pain Management 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:

This patient is a 45-year-old male with date of injury of 02/19/2007. Per report, 09/12/2013, treating physician has the patient presenting with low back pain with radiation down both legs with the pain level increased since last visit at 9/10 on a scale of 1 to 10. Activity level has decreased, taking medications as prescribed. MRI of the L-spine from 03/29/2013 showed right laminectomy changes at L4-L5 and L5-S1, right neuroforaminal stenosis at L3-L4 and L4-L5, moderately severe at L5-S1, moderate left neuroforaminal stenosis at L5-S1. Left L5 and S1 transforaminal epidural steroid injection was provided on 03/27/2013. The treating physicians listed diagnoses of right inguinal hernia, status post repair from 2007, left inguinal hernia, and presumed right hernia recurrence, status post bilateral hernia repair 2012, iatrogenic sexual dysfunction compensable consequence, iatrogenic GI disturbance. Abnormal electrodiagnostic studies from 2009 showing chronic right L5-S1 lumbosacral radiculopathy, left L5 chronic lumbar radiculopathy. Examination showed some weakness of the EHL on the right and left, ankle dorsiflex is weaker on the right side at 5-/5, right ankle plantar flexion is at 5-/5. There are some sensory changes over the lateral foot, medial foot, medial calf, lateral calf, anterior thigh, posterior thigh, medial thigh on the left side. Reflexes were symmetric.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Left Epidural Steroid Injection at L3-L4 to Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injection) Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain with radiation down the lower extremities. The patient's diagnoses are radiculopathy per primary treating physician. There is a request for left-sided epidural steroid injection at L3-L4. This request was denied by utilization review letter dated 09/23/2013. The rationale was that there was lack of correlation between the MRI findings and the patient's left lower extremity symptoms and that there were no documentation of functional gain from prior injections. The request for L3-L4 transforaminal epidural steroid injection is apparently from 09/16/2013. Unfortunately, I do not have 09/16/2013 report to understand the rationale behind this specific level and the repeat epidural steroid injection. Review of multiple reports from 03/27/2013 to 01/16/2014 by the treating physician shows that this patient has had multiple epidural steroid injections in the past. The most recent one was from 03/27/2013 where the patient was apparently provided with left L5-S1 transforaminal epidural steroid injection. The operative reports were not included for my review. However, the subsequent reports following the epidural steroid injection that was provided on 03/27/2013 showed conflicting information. For example, 06/20/2013 report by [REDACTED] states under subjective complaints that the patient's pain level has increased with no change in location. However, under discussion, he would document 70% reduction of pain, weaned off of Norco following his epidural steroid injection. The listed current medications remained the same with Norco being taken half tablet 4 times a day. The report from 04/04/2013 also list the same medications including Norco but states under discussion that the patient stopped taking the Norco following the epidural steroid injection. By 09/12/2013, however, the patient's pain level is severe at 9/10 and is also taking the same medications. MRI of the lumbar spine from 03/29/2013, which show moderate right-sided foraminal stenosis at L3-L4 and L4-L5 and mildly on the left side and laminectomy on the right side with moderately severe right and moderate left foraminal stenosis at L5-S1. Chronic Pain Medical Treatment Guidelines page 46 and 47 states that epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this patient, the symptom locations as described on 09/12/2013 shows radiating symptoms on both lower extremities without specific dermatomal distribution of symptoms described. Furthermore, MRI finding show greater foraminal stenosis on the right side, whereas the treating physician is recommending injection on the left side at L3-L4. The documented Electromyogram/nerve conduction studies would also show radiculopathies at L4 and L5 levels but the current request is for injection on the left side at L3-L4, which would block the L3 nerve root.