

Case Number:	CM13-0033610		
Date Assigned:	12/20/2013	Date of Injury:	08/10/1998
Decision Date:	03/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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, and is licensed to practice in Ohio 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 70-year-old who reported a work related injury on 08/10/1998, specific mechanism of injury not stated. An MRI of the lumbar spine dated 05/31/2013 revealed, specifically at the L4-5 level, an annular fissure in the posterior aspect of the disc, hypertrophic changes at the facet joints bilaterally, fluid collections noted adjacent to the facet joint on the right side as well as the one on the left side extending from L4-5 and L5-S1. The clinical note dated 12/04/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient reports positive efficacy noted with a previous epidural steroid injection performed on 10/24/2012, with the patient reporting an increase in functional improvement as well as a decrease in utilization of Vicodin for pain. The provider documents, currently, upon physical examination of the patient, sensation and strength were decreased in the left lower extremity compared to the right with subjective bilateral foot numbness unchanged from previous evaluation. The provider documented slightly worse left greater than right lower extremity pain in the L4-5 dermatomal distribution. The provider is requesting bilateral L4 and/or L5 transforaminal ESI (epidural steroid injection) for the patient, as well as Vicodin ES for breakthrough pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and/or L5 transforaminal epidural steroid injections with epidurogram under fuloro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section. Decision based on Non-MTUS Citation Official Disability Guidelines Online Version, Low Back Chapter, Epidural Steroid Injections Section, and the Pain Procedures in Clinical Practice, 2nd Edition, Lennard, Chapter 30, Epidural Procedures in Spine Pain Management, page 350, and the American Society o

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

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review evidences the patient reports positive efficacy with a previous epidural steroid injection performed in 10/2012. However, the Chronic Pain Medical Treatment Guidelines indicates the purpose of ESI (epidural steroid injection) is to reduce pain and inflammation, restoring range of motion and, thereby, facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long term functional benefit. Additionally, radiculopathy must be documented with physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Imaging of the patient's lumbar spine did not reveal evidence of significant stenosis or nerve root impingement to support the requested injection therapy as this point in the patient's treatment. The request for bilateral L4 and/or L5 transforaminal epidural steroid injections with epidurogram under fuloro are not medically necessary or appropriate.