

Case Number:	CM13-0040387		
Date Assigned:	12/20/2013	Date of Injury:	09/12/2005
Decision Date:	02/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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 50-year-old male with a date of injury of 09/12/2005. Per [REDACTED] report dated 08/27/2013, this patient has ongoing right-side neck pain extending into the right shoulder, persistent right flank pain extending to the right buttock and down the posterior thigh to the calf. Examination showed globally decreased over to the right lower extremity sensory findings (more significant in the L4 and L5 nerve distribution), bilateral ankle reflexes were absent, motor examination was normal, straight leg raise was positive at 60 degrees on the right but negative on the left side. His listed assessments were: 1. Right S1 radiculopathy. 2. Disk degeneration at L4-L5, L5-S1. 3. Cervical radiculopathy. 4. C3-C6 stenoses. 5. L5-S1 lateral recess stenosis, mild central stenosis at L4-L5 with moderate to severe central canal stenosis. 6. Right shoulder impingement syndrome. Under treatment/discussion, he is recommending lumbar epidural steroid injection at L3-L4, L4-L5. On 03/25/2013, the patient underwent lumbar epidural steroid injection by [REDACTED]. This appears to have been L5-S1 interlaminar epidural steroid injection. The report from 06/06/2013 by [REDACTED] states that the patient has ongoing complaints of daily constant low back pain, intermittent complaints of pain in the bilateral lower extremities in the L5 and S1 distribution following the most recently performed lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI lumbar L3-4, L4-5: Upheld

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 Chronic Pain Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to both lower extremities. The treating physician has asked for lumbar epidural steroid injection at L3-L4, L4-L5 levels. A review of the reports showed that [REDACTED] on 06/06/2013 reviewed an MRI of the lumbar spine which was dated 10/10/2012. Under impression, he describes L1-L2, L4-L5, L5-S1 annular tear with disk bulges, L5-S1 mild central stenosis, and lateral recess stenosis. At L4-L5, moderate to severe central canal stenosis and lateral recess stenosis were noted, all with facet arthropathies. This patient has had lumbar epidural steroid injection of the L5-S1 interlaminar approach by [REDACTED] on 03/25/2013. Subsequent progress report from 06/06/2013 by [REDACTED] indicates that the patient still has pain, and the epidural steroid injection did not appear to have made a significant difference. The patient was experiencing continued intermittent pain in the lower extremities following lumbar epidural steroid injection. The treating physician has asked for lumbar epidural steroid injection at L3-L4, L4-L5, but did not provide a rationale for these. The MRI showed most significant findings at L4-L5 with moderate to severe central canal stenosis. The patient has already tried epidural steroid injection at L5-S1 level without much relief. The patient's symptoms are located into the buttocks down to the posterior thigh to the calf which would suggest S1 or L5 nerve distribution. The treating physician documents, on physical examination, decreased sensory findings at L4 and L5 nerve root distribution. MTUS Guidelines page 46 and 47 recommends epidural steroid injection as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborated findings of radiculopathy. In this patient, pain is located through the buttock, posterior thigh, and posterior calf in S1 nerve distribution. However, the treating physician is asking for epidural steroid injection at L3-L4, L4-L5 levels. While S1 radicular symptoms can be consistent with significant central stenosis at L4-L5, this patient has already tried an epidural steroid injection at the L5-S1 level on 03/25/2013, without significant reduction of pain or improvement of function. For repeat injections, MTUS Guidelines recommend 50% reduction of pain, reduction of medications and functional improvement lasting at least 6 to 8 weeks. In this case, such relief and functional improvements were not achieved. Recommendation is for denial.