MAXIMUS Federal Services

Case Number:	CM13-0040545		
Date Assigned:	12/20/2013	Date of Injury:	07/19/2004
Decision Date:	06/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, 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 51-year-old with an injury date on July 19, 2004. Based on the October 2, 2013 progress report provided by [redacted] the diagnoses are chronic pain syndrome, postlaminectomy syndrome, lumbar region, depressive disorder, pain in shoulder joint, lumbar sprain and strain, disorders of sacrum, and sacroiliitis. The patient injured lower back in 2003 while waterskiing on lake. Had laminectomy at L5, and reinjured back causing radicular complaints down left leg. Exam on 5/16/13 showed diminished range of motion in neck, facet tenderness on left. Hypertonic bilateral paravertebral muscle spasm from L3 down lumbrosacral junction. SI joints very tender on right side. Spine extension, trunk flexion and extension extremely limited due to increased back pain. Lower back spasm noted in left lower lumbar area in paraspinous muscles." On March 21, 2012, patient received a left sacroiliac joint injection causing decrease in left hip and left buttock pain by 90%, and another on November 16, 2011. A caudal epidural steroid injection on 6/9/11 reduced left leg symptoms by 60% but didn't help left-sided lower back pain. MRI of L-spine performed August 26, 2004 prior to second back surgery, showed extruded disc material L4-L5 and L5-S1 with evidence of previous laminectomy right L-5. Review of the reports do not show any evidence of any EMG/NCV or MRIs done since 2004. [redacted] is requesting 1 transforaminal steroid injection. The utilization review determination being challenged is dated October 15, 2013 and rejects request due to pending updated L-spine MRI within same review, and radicular pain not corroborated by imaging studies and prior electrodiagnostic testing. [redacted] is the requesting provider, and he provided treatment reports from March 18 to October 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: According to the March 18, 2013 report by [redacted], this patient presents with "lower back pain with worsening left leg radicular complaints down left leg to little toes, and left shoulder pain." The request is for a transforaminal steroid injection. On May 16, 2013, patient complained of worsening radicular left leg pain, clearly caused by left SI joint, and contributing to pain in lower back and upper left lower extremity. On October 2, 2013, patient had increasing tingling, numbness, weakness in left lower extremity that requires cane for ambulation, as well as lower back pain over sacroiliac joint. On October 2, 2013 [redacted] further stated: "Very likely, in the future I will request authorization for left L5-S1 transforaminal epidural steroid injection." Regarding epidural steroid injections, the Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy defined by dermatomal distribution of pain corroborated by examination and imaging studies. In this case, the patient has significant leg symptoms extending to toes, positive SLR (straight leg raise) on left side and prior history of laminectomy. There is no evidence that the patient recently had an ESI and prior ESI from several years ago were effective although details of functional improvement are not available from prior injection. Given the patient's worsening leg symptoms, and a likely diagnosis of radiculopathy based on prior surgery, repeat ESI appear reasonable and supported by the guidelines. The request for transforaminal epidural steroid injection is medically necessary or appropriate.