

Case Number:	CM13-0041289		
Date Assigned:	04/02/2014	Date of Injury:	08/05/2011
Decision Date:	06/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation; has a subspecialty in Pain Medicine 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 expert 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 31-year-old female who was injured on August 05, 2011 when she slipped and fell in water while walking in a restaurant. Prior treatment history has included epidural steroid injections. Diagnostic studies reviewed include An MRI of the lumbar spine dated August 29, 2011 with the following impression: Grade I spondylolisthesis of L5 and S1 and bilateral spondylolisthesis at L5. There is uncovering of the disc space superimposed broad-based central disc protrusion, which in conjunction with anterolisthesis results in effacement of the ventral epidural fat by approximately 8-9 mm. There is no significant central spinal canal stenosis. There is bilateral neural foraminal narrowing and there is bilateral facet arthropathy. An EMG/NCV dated April 27, 2012 revealed study of the bilateral lower extremities showed no evidence of lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. Progress note dated August 20, 2013 documented the patient returns for follow-up and re-evaluation since left side L5-S1 Lumbar Epidural Steroid Injection (LESI) on July 24, 2013, noting about 50-60% relief. The relief from the injection last only about two weeks. She continues to complain of low back pain as well as leg pain, worse on the left. She has difficulty with pain when running, standing for prolonged periods of time, walking upstairs and sitting Indian style. She finds it difficult to sit and do her makeup. Her average pain since last visit is 7/10. Her mood since last visit 3/10 and functionality since last visit 7/10. Objective findings on exam included the patient complains of both low back pain and left knee pain. Her pain is worse when sitting. There is limited AROM secondary to pain. Sit to stand is painful. There is radicular pain in the left lower extremity down the posterior aspect of the leg to the knee level. She has knee pain on the left on ROM. She has ongoing axial low back pain due to spondylosis. Her gait is ataxic but no device is used to ambulate. Exam is unchanged today. The LESI only helped some.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal Epidural Steroid Injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS Guidelines state that repeat ESIs should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, while there is documentation of prior epidural steroid injections with 50-60% pain relief lasted for about 2 weeks, this does not meet the California MTUS criteria since the pain relief did not last for at least 6 weeks accompanied by functional improvement and reduced medication usage. In light of the above issues, the currently requested Left transforaminal Epidural Steroid Injection at L4-5 and L5-S1 is not medically necessary.