

Case Number:	CM13-0047124		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2009
Decision Date:	03/17/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational 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 55 year old male who injured his low back on 10/17/2009 due to a lifting injury. Reported left L5-S1 laminectomy on 04/22/2010 noted. Prior treatment included medications, cane, walker, bracing, psychotherapy, and physical therapy visits from 06/28/2011 to 07/07/2011. He underwent a series of three epidural steroid injections in 2011, without lasting improvement. Medications include Percocet 10-325 mg, Effexor 100 mg, risperidone 1 mg, bupropion Hcl XL 10 mg, diazepam 5 mg, Ditropan XL 10 mg, lisinopril 20 mg, Pristiq 50 mg. Diagnostic studies performed include MRI of the lumbar spine on 09/25/2013 revealing postsurgical changes at the L5-S1 level with granulation tissue extending into the left neural foramen, resulting in advanced narrowing. There is mild disc bulge at this level with no herniation or central canal stenosis. Other lumbar levels appear unremarkable. Clinic note dated 10/31/2013 documents the patient presents with complex chronic pain that includes a prior low back injury and failed back syndrome. The patient presented reporting persistent severe pain levels with pain radiating into the left leg and bottom of foot. He notes intermittent swelling to bilateral LE's and that prolonged sitting and prolonged standing exacerbate pain. States that he has been trying to do exercises as tolerated but this has been very difficult due to current pain levels. He notes that it is difficult for him to shower due to pain and that he is doing this only every other day. He reports that he has also been having urinary incontinence. On examination the patient appears to be well nourished and well developed. The patient does not appear to be in acute distress and is wearing a lumbar brace. He walks with two canes with a very slow gait. He gets onto exam table with difficulty and significant pain behavior. He is tender over the left lower lumbar region and left buttock. On reflex examination of deep tendons there is knee jerk 2/4 on both sides; ankle jerk is 2/4 on both sides. Diagnosis was postlaminectomy syndrome

338.4, chronic pain syndrome 311, and depressive disorder. Clinic note dated 12/12/2013 documents the patient is having a great difficulty ambulating.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal epidural steroid injection at the bilateral L5 under fluoroscopic guidance:
Upheld

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

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

Decision rationale: The patient failed a prior series of ESI's. The patient has radicular pain and numbness by history, but radiculopathy is not documented on examination in the available records or corroborated by imaging or electrodiagnostic studies. According to guidelines, this treatment offers no significant long-term functional benefit nor affects the need for surgery. Medical necessity has not been established. Epidural steroid injection is non-certified.