

Case Number:	CM13-0058653		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2005
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 PM&R, 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:

The patient is a 63 YO female with date of injury of 09/28/2005. The listed diagnoses per [REDACTED] dated 10/23/2013 are: 1. Status post right knee replacement, 2012 2. Left knee chondromalacia patella 3. Lumbar spine facet arthropathy 4. Lumbar radiculopathy According to progress report dated 10/23/2013 by [REDACTED], the patient presents with low back and right lower extremity pain. She rates her pain 6/10 on the pain scale. She is using Gabapentin and Norco for pain. She notes that her medications help with walking and performing her home exercise program. Objective findings show pain is present with extension at the lumbar spine. There is decreased sensation on the right L4, L5 and S1 nerve roots. Positive straight leg raise on the right at 60 degrees. Motor exam is limited by pain on the right side. Tender to palpation in the paraspinal musculature. The treater is requesting 1 right L4,L5,S1 transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4, L5 and S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with low back and right lower extremity pain. The treater is requesting 1 right L4,L5,S1 transforaminal ESI. Utilization review dated 11/19/2013, denied the request stating that the patient noted benefit from acupuncture and Robaxin use and that an epidural injection is premature considering no failure of conservative treatments. Progress report dated 07/18/2013 by [REDACTED], notes "She reports history of lumbar epidural injection by [REDACTED] without lasting relief." No operative reports on prior ESI were available for review. Report dated 10/23/2013 by [REDACTED], the treater referenced an MRI from 10/14/2013 stating, "Lumbar spine gave the impression of degenerative disc disease and facet arthropathy at L2-L3 through L5-S1, canal stenosis at L2-L3, L3-L4 and L4-L5. Neural foraminal narrowing of the L3-L4, L4-L5 and L5-S1." MTUS guidelines pages 46-47 states that a repeat injection require 50% reduction of pain along with functional improvement lasting 6-8 weeks. In this case, the prior injection did not result in any improvement. In addition, when reading ODG guidelines, for transforaminal approach, no more than 2 levels are recommended. Recommendation is for denial.