

Case Number:	CM13-0059707		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2006
Decision Date:	04/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 55 year old male who was injured on 07/03/2006 while he climbed up a ladder and reached overhead to pull a crate. He had surgery in 2006 and 2007 including hemilaminectomy. Patient has had chronic low back pain since that point in time. Treatment history included postoperative medication, physical therapy and ESI into the lumbar spine. EMG of the lower extremities dated 01/19/2012 with evidence of chronic left L5-S1 polyneuropathy. MRI of the lumbar spine dated 04/04/2012 findings as follows: 1) At L2-3 there is mild bilateral facet degenerative changes with mild disc desiccation. There is 2-3 mm broad-based posterior disc protrusion with no spinal stenosis. 2) At L3-4 there is 3-4 mm broad-based disc protrusion. 3) At L4-L5 findings are consistent with prior hemilaminectomy. There is moderate to severe disc space narrowing. Clinic note dated 12/06/2013 documented the patient recently was attempting to reach for something above him in his home and seems to have flare-up his pain again incidentally. He notes that he cannot sit, bend or he twists at the waist as this all exacerbates his pain. Patient notes that the pain is no different than it was six months ago. Objective findings on exam included tender to palpation on the lumbar spine as well as the left S1 joint. Left greater than right lower extremity weakness with giveaway strength due to pain - 4/5 on the left and 4+/5 on the right. Romberg negative. Reflexes 3+/4+ left patellar, 2+/4 right patellar. Positive Faber on the left, positive straight leg raising on the left at 30 degrees, positive straight leg raising on the right at 60 degrees. The patient does exhibit some anxious and depressive features by history due to his chronic pain. Multidisciplinary approach to his pain starting with conservative measures should be attempted prior to further injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L3-S1: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the criteria for the use of ESIs are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, this patient complains of lower back pain with radiation into bilateral buttocks and left lower extremity. A provider's note dated 09/18/2013 indicates objective finding of positive SLR and decreased DTR. An EMG dated 01/19/2012 showed chronic left L5-S1 polyneuropathy. There was documentation of 50% improvement from prior ESI in 2011 that lasted more than 8 weeks. However, on physical exam, there is no documentation of decreased sensation or strength at the proposed levels. Additionally, no more than two nerve root levels should be injected using transforaminal blocks. Hence, the medical necessity has not been established and the request is non-certified.

Fluoroscopic guidance: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, injections should be performed using fluoroscopy (live x-ray) for guidance, however since the ESIs at L3-S1 is not approved, any associated requested is not medically necessary and hence the request is non-certified.