

Case Number:	CM13-0061945		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2013
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 and Rehabilitation, 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 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 53-year-old female with a date of injury of 08/25/2008. The listed diagnoses per the provider are: status post decompression laminectomy at L2, L3, L4, and L5 on 02/06/2013, status post motor vehicle accident, broad-based disk bulge at L1-L2 with mild central stenosis, broad-based disk bulge at L2-L3 without residual stenosis, right lateral disk bulge at L3-L4 with right lateral recession stenosis, left paracentral disk bulge at L4-L5 with left foraminal narrowing, and left foraminal disk herniation at L5-S1 with left foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL INJECTION ON THE LEFT AT L4-L5, QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's) Page(s): 46-47.

Decision rationale: The patient continues to complain of pain in the low back that radiates into both lower extremities. The treating provider is requesting a transforaminal injection at the left at level L4-L5 and L5-S1. The Utilization review dated 11/25/2013 denied the request as the

patient presented with right sided lower extremity weakness and the request is for left sided L4-L5 and L5-S1 epidural steroid injection (ESI). The MTUS guidelines recommend epidural injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. In this case, the patient presents MRI (magnetic resonance imaging) findings of disc herniation toward the left side at L4-5 and L5-S1. However, the patient's symptoms are in both lower extremities not described in dermatomal distribution. Examination findings do not show a clear picture of radiculopathy, with weakness on the right extensor hallucis longus (EHL), and absent Achilles bilaterally. Based on MRI findings, one would expect left L5 and S1 radiculopathy. Straight leg raise does not help either as it is positive at 90 degrees. The recommendation is for denial.

TRANSFORAMINAL INJECTION ON THE LEFT AT L5-S1, QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's) Page(s): 46-47.

Decision rationale: The patient continues to complain of pain in the low back that radiates into both lower extremities. The treating provider is requesting a transforaminal injection at the left at level L4-L5 and L5-S1. The Utilization review dated 11/25/2013 denied the request as the patient presented with right sided lower extremity weakness and the request is for left sided L4-L5 and L5-S1 epidural steroid injection (ESI). The MTUS guidelines recommend epidural injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. In this case, the patient presents MRI (magnetic resonance imaging) findings of disc herniation toward the left side at L4-5 and L5-S1. However, the patient's symptoms are in both lower extremities not described in dermatomal distribution. Examination findings do not show a clear picture of radiculopathy, with weakness on the right extensor hallucis longus (EHL), and absent Achilles bilaterally. Based on MRI findings, one would expect left L5 and S1 radiculopathy. Straight leg raise does not help either as it is positive at 90 degrees. The recommendation is for denial.