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| Case Number: | CM13-0062101 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/27/2012 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 Physicain Medicine and Rehabilitaiton, 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 61 year old male with an injury date of 08/27/12. Based on the 10/23/13 progress report provided the patient's diagnosis include the following: Status lumbar post fusion at L4-L5 (2009), Lumbar disc disease, Lumbar radiculopathy, Lumbar facet syndrome, Left sacroiliac joint arthropathy, Right hip internal derangement, Status post right total knee replacement (09/08/11), Left knee internal derangement, Chronic pain. A 05/03/13 MRI of the lumbar spine shows that at the L3-L4 level, the central canal is mildly stenotic and there is a "Mild facet arthropathy and disc osteophyte renders moderate-to-severe bilateral neural foraminal stenosis." At the L4-L5 level, "The neural foramina are moderately stenotic bilaterally." The physician is requesting for two left L3-L4 and L4-L5 transforaminal epidural steroid injections. The utilization review determination being challenged is dated 11/26/13 and recommends denial of the transforaminal epidural steroid injection. The requesting provider, provided treatment reports from 04/05/13- 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 AND L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS #2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN SECTION, Page(s): 46, 47.

Decision rationale: According to the 10/23/13 progress report by [REDACTED], the patient presents with low back pain and severe numbness and tingling radiating down his left leg and into his foot. The request is for two left L3-L4 and L4-L5 transforaminal epidural steroid injections. This 10/23/13 progress report continues to state that the patient has an antalgic gait to the left, exacerbation to the left, tenderness over the paraspinal musculature, and moderate facet tenderness from L3 through L5. Sensation is decreased on the left L3-L4 dermatomes. In regards to the left side, the patient also had a positive test for the following: Sacroiliac Tenderness, Fabere's/Patrick, Sacroiliac Thrust Test, Yeoman's Test, Kemp's Test, Seated Straight Leg Test (at 60 degrees), and Supine Straight Leg Test (at 50 degrees). In reference to an ESI, MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient shows clear dermatomal distribution pain corroborated by an imaging and examination. However, the request is for two injections at two levels. MTUS does not support series of injections. One injection is allowed at a time. Recommendation is for denial.