

Case Number:	CM13-0063036		
Date Assigned:	12/30/2013	Date of Injury:	08/03/2012
Decision Date:	04/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation and is licensed to practice in Texas. 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:

This is a 27 year old male patient with a reported injury on 06/03/2012; the mechanism of injury was that while working as a meat clerk, the patient injured lower back while lifting boxes. An MRI of the lumbar spine on 10/24/2012 revealed mild spondylosis and a moderate left disc extrusion at L5-S1, measuring 6 mm. There was a large disc extrusion at L4-5, increased in size since 08/24/2012 with rightward extent and with worsening severe canal and bilateral lateral recess stenosis. A smaller left par central disc extrusion at L5-S1 resulted in moderate left lateral recess stenosis, similar in appearance. Also noted, was mild levoscoliosis. The patient reportedly had undergone work hardening physical therapy. On 12/17/2012, the patient underwent a bilateral L4-5 laminectomy and discectomy and left L5-S1 laminectomy and discectomy. Medications listed have been ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 lumbosacral transforaminal epidural steroid injection with fluoroscopic guidance: 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 Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The CA MTUS Guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The request for the left L5-S1 lumbosacral transforaminal epidural steroid injection is non-certified. The patient has undergone activity restrictions, physical therapy and medications but remains symptomatic. The prognosis for full resolution of symptoms with nonsurgical care was guarded, but he has had surgery, as evidenced by an L4-5, L5-S1 laminectomy and discectomy. The California MTUS Guidelines do recommend epidural steroid injection as an option for treatment for radicular pain and if the radiculopathy is corroborated by diagnostic and imaging studies. The patient has undergone conservative treatment, but the number of treatments and the response to the physical therapy was not provided as well as any significant residual stenosis at either postsurgical level. As such, the request is non-certified.