

Case Number:	CM13-0065992		
Date Assigned:	01/03/2014	Date of Injury:	03/25/2013
Decision Date:	05/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery 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 40 year old male who was injured on 03/25/2013 who feel down while he was carrying heavy batteries. Prior treatment history has included epidural injections at L4-5. The patient has been on Percocet, Motrin and Flexeril which are not holding his pain consistently. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/10/2013 which revealed at L3-4 there is a mild paracentral disc protrusion with slight cephalad extension. The right L4 nerve root is impinged. There is right lateral recess stenosis. At L4-5, there is a right paracentral disc protrusion with cephalad extension. 7 mm above inferior end-plate there is suggestion of disc protrusion. This does deflect the right L5 nerve root. At L5-S1 there is mild disc bulge. There is facet joint arthrosis at L3-4, L4-5 and L5-S1. Progress note dated 10/28/2013 documented the patient to have complaints of lumbar radiculopathy down the right leg in addition to posterior neck and left shoulder pain. The patient suffers from degenerative disc disease with nerve root impingement causing right leg radiculopathy and also facet arthrosis with spinal stenosis. He experienced some cervical sprain and strain in the neck. Epidural steroid injection improved his back pain and right leg pain. However, he has experienced significant improvement in his left calf cramping pain with pain back down to 3/10 on the pain scale at this time. Pain is still significantly impacting work, concentration, mood, sleeping pattern and overall functioning. Objective findings on exam revealed he ambulates with right sided limping. Examination of the lumbar spine reveals moderate to severe tenderness and tightness over the right greater than left lumbosacral area with 50% restriction of flexion and extension. Positive right straight leg raise. Sensory revealed hyposthesia posterior and lateral aspects of the leg on the right. There is hyperactive right patellar reflex at 1- and right ankle at 1+ compared to 2 on the left side. There is some right knee flexion weakness at 4+/5 due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-4, L4-5 TRANSFORAMINAL ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dept of Industrial Relations Chapter 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to CA MTUS guidelines, ESIs are not recommended therapeutically more than twice. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. It recommends no more than 2 ESI injections. The medical records document that the patient underwent two previous ESI sessions on 08/01/2013 and 09/24/2013. Therefore; medical necessity of the L3-4, L4-5 Transforaminal ESI is not established.