

Case Number:	CM13-0069010		
Date Assigned:	01/17/2014	Date of Injury:	08/28/2011
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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 55 year old male who was injured on 08/28/2011 and sustained a fall in his occupational setting. Prior treatment history has included L5-S1 interlaminar steroid injection under fluoroscopic guidance on 12/13/2011. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/10/2011 demonstrates L4-L5 degenerative spondylolisthesis, less than 3mm. There is a broad-based 5 mm disc protrusion and there is a focal left paracentral extrusion into the lateral recess measuring 10 mm transverse and a 4-5 mm AP and cranial caudal with lateral recess stenosis and compression of the descending L5 nerve. Facet arthropathy with severe and mild right foraminal stenosis are noted. There is L5-S1 disc degeneration with less than a 3 mm annulus bulging and left and right lateral endplate bone spurs, facet arthropathy and moderate to moderately severe foraminal stenosis, right worse than the left. PR-2 dated 12/02/2013 indicates the patient has a flare-up of lumbar spine pain and relies heavily on medication to assist with pain control. On physical exam, a normal lordosis; range of motion exhibits lumbar flexion to 90 degrees with pain, extension to 20 with pain, left rotation to 30; right rotation to 30; and left lateral bend to 30. On palpation of the lumbar and sacral hips, there is tenderness over para-lumbar extensors and facet joint. There is no tenderness over the SI joint, gluteus medius, greater trochanters. Motor power of lower extremities is 5/5 in all muscle groups. There are no sensory deficits to light touch in bilateral lower extremities. Reflexes are 2/4 at knees and ankles bilaterally. The patient is recommended a right L5 and left S1 transforaminal epidural injection for purpose of pain relief and functional restoration. The patient is instructed to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, RIGHT L5: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and recommended when the patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The medical records document the patient was complaining of chronic low back pain with flare up involving radiating pain into the extremities. Symptomatic details are lacking. There is no mention of numbness or weakness. Physical examination lacks findings of radiculopathy. Strength, sensation, and reflexes are all normal. Though a lumbar MRI from 10/10/11 shows L5 nerve impingement, records fail to establish current radiculopathy by history or examination. Medical necessity is not established.

LEFT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and recommended when the patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The medical records document the patient was complaining of chronic low back pain with flare up involving radiating pain into the extremities. Symptomatic details are lacking. There is no mention of numbness or weakness. Physical examination lacks findings of radiculopathy. Strength, sensation, and reflexes are all normal. Though a lumbar MRI from 10/10/11 shows L5 nerve impingement, records fail to establish current radiculopathy by history or examination. Medical necessity is not established.