

Case Number:	CM13-0072084		
Date Assigned:	01/17/2014	Date of Injury:	09/04/2012
Decision Date:	04/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pain 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 64 year old female who was injured on 09/04/2012 when she was bit by a dog and pushed up against a wall. The patient had complaints of low back pain with bilateral lower extremity pain. Prior treatment history has included an injection in October of 2012, 4 visits physical therapy, as well as cognitive behavioral therapy. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/26/2013 revealing: L2-3 degenerative changes. There are facet joint effusions bilaterally at this level. At L4-5 there is moderate degenerative disc disease with severe facet arthropathy and an early spondylolisthesis. At L5-S1 there is severe disc degeneration. There are Modic endplate changes noted in the superior endplate of the S1 vertebral body and the inferior endplate of the L5 vertebral body. There are large effusions in the facets bilaterally and facet arthropathy noted as well. The progress note dated 11/07/2013 documented the patient to have complaints of back pain with radiation to bilateral lower extremities, right greater than left. Her injection was in February of 2012, which she states was fairly beneficial for her. She admits to associated numbness and tingling in the right leg over the posterolateral aspect consistent with the L5 dermatomal distribution. Objective findings on exam included examination of the musculoskeletal area negative for fractures/sprains, osteoporosis or joint swelling. Neurological exam was negative for headaches/migraine, vertigo/dizziness or convulsions/seizures. Neurological lower extremity exam revealed there is decreased motor strength of the right gastrocnemius and tibialis anterior. There is reduced sensation to light touch over the L4 and L5 dermatomal distribution of the right lower extremity. Patellar reflexes are 1+ bilaterally. Achilles reflexes are 1+ bilaterally. Her diagnoses are: *i*₁ · Diffuse lumbar facet arthropathy. *i*₂ · Lumbar disc degeneration, L1-2 through L5-S1. *i*₃ · Lumbar disc protrusions, L1-2 and L2-3. *i*₄ · Bilateral right greater than left lower extremity radiculopathy. The patient has been treated with medication management, aqua therapy, as well as injection-based treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL: 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 Page(s): 46.

Decision rationale: The California MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief. There is no documentation of at least 50% pain relief. 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, therefore, in the absence of objective functional improvement and no documentation of duration and percentage of pain relief, the request for a second ESI is not medically necessary.