

Case Number:	CM14-0003486		
Date Assigned:	01/31/2014	Date of Injury:	08/10/1999
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of [REDACTED] and has submitted a claim for unspecified site injury, thoracic/lumbar disc degeneration, lumbar spinal stenosis, lumbar disc disease with myelopathy and intervertebral disc disorder with myelopathy, unspecified region associated with an industrial injury date of August 10, 1999. The treatment to date has included oral and topical analgesics, muscle relaxants, AEDs, physical therapy, lumbar spine surgeries, trigger point injections, and lumbar epidural steroid injection. Medical records from 2013 were reviewed and showed long standing diagnosis of lumbar radiculopathy. She has been experiencing increased pain in her lower back graded 8/10 which radiates to both lower extremities and aggravated by motion. An examination of the lumbar spine revealed tenderness and trigger points; significantly decreased range of motion; positive straight leg raise bilaterally at 60 degrees, left greater than right; and diminished sensation at the posterolateral thigh and posterolateral calf in the approximate L5-S1 distribution bilaterally. Lumbar spine MRI performed on November 2, 2012 revealed a 4.5mm circumferential disc bulge with moderate impression on the thecal sac at L5-S1, bilateral facet arthrosis at L3-4, L4-5 and L5-S1 and disc protrusion at L3-L4. The patient was diagnosed with multilevel disc disease with electrodiagnostic findings consistent with bilateral L5 radiculopathy performed on June 29, 2002 and March 18, 2010. Based on a progress report dated November 26, 2013, the patient had received prior lumbar epidural steroid injections with the last one done on October 28, 2010. It provided at least 60% relief lasting for 3 months with notable improvement in mobility and activity tolerance. The utilization review dated December 16, 2013 denied the request for therapeutic fluoroscopically guided transforaminal epidural steroid injection at L5-S1 bilaterally because percentage of pain relief was not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC FLUROSCOPICALLY GUIDED TRANSFORMINAL EPIDURAL STEROID INJECTIONS (esi) AT L5-S1 BILATERALLY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are recommended when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; there is unresponsiveness to conservative treatment and no more than one interlaminar level should be injected at one session. In this case, the diagnosis of lumbar radiculopathy is supported by the symptomatology, physical examination, imaging studies and electrodiagnostic testing. The patient had received prior lumbar epidural steroid injections with the last one done on October 28, 2010. It provided at least 60% relief lasting for 3 months with notable improvement in mobility and activity tolerance. The guideline criteria were met, and the medical necessity has been established. Therefore, the request for therapeutic fluroscopically guided transforminal epidural steroid injections (ESI) at L5-S1 bilaterally is medically necessary.