

Case Number:	CM14-0007937		
Date Assigned:	02/10/2014	Date of Injury:	05/05/1999
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation 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 has submitted a claim for recurrent severe neural foraminal stenosis, status post lumbar laminectomy; associated from an industrial injury date of 05/05/1999. Medical records from 11/20/2006 to 01/06/2014 were reviewed and showed that patient complained of low back pain radiating into the shin and calf area. There is also numbness in the lateral aspect of the shin. Patient cannot tolerate prolonged sitting and standing. Physical examination showed positive straight leg raise test with radiation to the left shin. Motor testing was normal except for 4/5 hip flexion. Deep tendon reflexes were 1/4 and 2/4 for the left and right patella and Achilles, respectively. An EMG/NCV study of the bilateral lower extremities, dated 11/13/2013, revealed no electrodiagnostic evidence of lumbar radiculopathy. MRI of the lumbar spine, dated 11/06/2013, revealed mild to moderate left and mild right neural foraminal narrowing at the level of L5-S1. Treatment to date has included Norco, Naprosyn, Neurontin, epidural spinal injection, physical therapy, and left sided micodisectomy L4-L5 and left lateral recess decompression L3-L4 (04/27/2007). Utilization review, dated 01/09/2014, denied the request for epidural injection because there was no documented evidence of functional improvement or medication reduction as a result of injection therapy. Also, an Electromyography (EMG)/Nerve Conduction Velocity (NCV) study, dated 11/13/2013, revealed no electrodiagnostic evidence of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EPIDURAL LEFT LUMBAR L5-S1: 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 Injection Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite previous physical therapy. On physical exam, positive SLR and hyporeflexia of both the ankle and Achilles were noted. Lumbar MRI, dated 11/06/2013, revealed mild to moderate left neural foraminal narrowing at the level of L5-S1. The patient has had 3 prior ESIs, the latest of which was on 12/28/2012. He reported 90% pain relief for 5-6 months, during which time he discontinued opioid therapy. The criteria for ESI have been met. Therefore, the request for 1 Epidural Left Lumbar L5-S1, is medically necessary.