

Case Number:	CM14-0008061		
Date Assigned:	02/10/2014	Date of Injury:	02/17/2010
Decision Date:	07/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/20/2014

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 a 41-year-old male who has submitted a claim for sciatica associated with an industrial injury date of 02/17/2010. Medical records from 05/14/2013 to 01/13/2014 were reviewed and showed that that patient complained of intermittent, left-sided low back pain, with radiation into both legs in an L5 pattern, aggravated by prolonged sitting. The pain was associated with numbness, tingling, and weakness in both legs, with his symptoms terminating in the calves. A physical examination showed tenderness across the lumbosacral junction, extending into both buttocks. The range of motion of the lumbar spine was limited by pain. The gait was normal, and heel and toe walking was provoked low back pain. Right seated dural stretch causes right buttock pain. Reflexes were intact and symmetrical at the knees and ankles, and unobtainable for the medial hamstrings. The motor strength was normal. Numbness was noted bilaterally in an L5-S1 pattern. An MRI of the lumbar spine, dated 12/03/2013, revealed intact hardware at the level of L4-L5, and moderate bilateral lateral recess or foraminal narrowing due to circumferential 1-2 mm disc bulge and mild to moderate facet arthropathy at the level of L5-S1. The treatment to date has included Norco, Medrol Dosepak, physical therapy, gluteal bursa injection (05/14/2013), bilateral L5-S1 transforaminal epidural steroid injection (TFESI) (July 2010), and L4-L5 transforaminal posterior interbody fusion (2011). The utilization review, dated 01/17/2014, denied the request for bilateral L5-S1 lumbar epidural, transforaminal epidural steroid injection (TFESI) approach, because there was no convincing evidence of radiculopathy on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 LUMBAR EPIDURAL, TRANSFORAMINAL EPIDURAL STEROID INJECTION (TFESI) APPROACH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that 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 (6) to eight (8) weeks. In this case, the patient complains of low back pain accompanied by radicular symptoms despite previous physical therapy and oral analgesics. On physical exam, right seated dural stretch produced right buttock pain. Numbness was noted bilaterally in an L5-S1 pattern. An MRI, dated 12/03/2013, revealed moderate foraminal stenosis at the L5-S1 level. However, the patient has had one (1) previous ESI (July 2010), but the medical records submitted for review did not show evidence of analgesia and functional benefit from the procedure. The criteria for ESI have not been met. Therefore, the request is not medically necessary.