

Case Number:	CM14-0008142		
Date Assigned:	02/14/2014	Date of Injury:	01/29/1975
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
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 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 61-year-old male who has submitted a claim for left L4 and L5 radiculopathy, right L4, L5, and S1 radiculopathy with lower extremity weakness, lumbar spinal stenosis, and lumbar sprain/strain associated with an industrial injury date of January 29, 1975. Medical records from 2012 to 2014 were reviewed. The patient complained of right lower back pain with radiation to the right buttock and posterior thigh. Prolonged sitting, standing, lifting, coughing, sneezing, and bearing down, aggravated pain. Physical examination showed restricted lumbar ROM in all directions; positive lumbar discogenic provocative maneuvers; positive bilateral SLR, sitting root, and Lasegue's signs; muscle stretch reflexes of 1; decreased sensation over left L4 and L5 dermatomes; MMT of 4+/5 in the left and right tibialis anterior, extensor hallucis longus, hip flexors, and peroneals. MRI showed moderate to severe left neural foraminal stenosis at L5-S1, as cited in a report dated 06/04/2013.. Treatment to date has included NSAIDs, opioids, back brace, antidepressants, anticonvulsants, topical analgesics, muscle relaxants, steroid injections, home exercise programs, right lumbar epidural steroid injection (10/4/12), and left lumbar epidural steroid injection (8/16/13). Utilization review from January 14, 2014 denied the request for 1 repeat fluoroscopically guided right L4-L5 and L5-S1 transforaminal epidural steroid injection due to reports of significant pain relief and functional improvement with oral pain medications. Documentation regarding objective pain reduction, functional gains, and reduction of oral pain medication use due to previous lumbar epidural steroid injection is lacking.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT FLUOROSCOPICALLY-GUIDED RIGHT L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 9792.24.2 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and the injections should be performed using fluoroscopy. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient reported 60% pain relief that lasted for 12 months due to a previous right lumbar epidural steroid injection dated October 4, 2012. However, MRI of the lumbar spine showed moderate to severe left neural foraminal stenosis at L5-S1, as cited in a report submitted. The official MRI result was not made available for review. There were no imaging findings or an electrodiagnostic study documenting nerve root impingement or radiculopathy at the right. The medical necessity has not been established due to lack of information. Therefore, the request for 1 repeat Fluoroscopically-Guided Right L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.