

Case Number:	CM14-0009187		
Date Assigned:	02/12/2014	Date of Injury:	07/13/2007
Decision Date:	07/23/2014	UR Denial Date:	12/31/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 45-year-old female who has submitted a claim for lumbar facet joint arthropathy, lumbar stenosis, and lumbar degenerative disc disease associated with an industrial injury date of July 13, 2007. Medical records from 2013-2014 were reviewed. The patient complained of low back pain radiating to the left buttock. The patient was status post fluoroscopically guided left L5 and left S1 transforaminal epidural steroid injection which provided 75% relief of her left low back pain and left lower extremity symptoms. Physical examination showed tenderness of the lumbar paraspinal muscles overlying the bilateral L4 to S1 facet joints, and left piriformis. Lumbar range of motion was restricted by pain. Lumbar discogenic and sacroiliac joint provocative maneuvers were positive. There was positive straight leg raise, Lasegue's and sitting root signs on the left. Muscle stretch reflexes were 1 on the left lower extremity and 2 in the right lower extremity. Motor strength of the left extensor hallucis longus and gastrocnemius/soleus was 4/5. There was mild positive left foot drop with antalgic gait. MRI of the lumbar spine, dated July 31, 2013, revealed mild degenerative disc disease at L4-L5 with 4-5mm right lateral disc protrusion that extends retrograde in the neural foramen causing mild foraminal stenosis; and mild degenerative disc disease at L5-S1 affecting the approximately posterior third of the disc and associated with a broad posterior 2mm disc bulge and is not causing spinal or foraminal stenosis. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left knee surgery, and lumbar epidural steroid injections. Utilization review, dated December 31, 2013, did not grant the request for transforaminal epidural steroid injection at left L5, S1 under fluoroscopy because there was no physical exam to provide evidence of objective functional improvement after initial epidural steroid injection, no evidence of decreased medication use, nor are there any imaging or electrodiagnostic studies available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L5, S1 UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections 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 to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has received extensive lumbar epidural steroid injections in the past. The latest lumbar epidural steroid injection was done last December 26, 2013. The most recent progress report, dated February 6, 2014, stated that procedure provided 75% relief of her left low back pain and left lower extremity radicular symptoms. The patient discontinued her pain medications for greater than 1 month and has not missed any work. Physical examination findings remained the same from previous visits. However, the same progress report states that there is no need for another injection and patient can continue to be managed surgically. There is no indicated rationale for another epidural steroid injection. The medical necessity has not been established. Therefore, the request for transforaminal epidural steroid injection at left l5, s1 under fluoroscopy is not medically necessary.