

Case Number:	CM14-0105284		
Date Assigned:	07/30/2014	Date of Injury:	06/20/1993
Decision Date:	09/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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:

This is a 55-year-old male with a 6/20/93 date of injury. On 6/19/14, it is noted that the patient is now two and a half years s/p his L1-3 global decompression. He has increasing groin pain and thoracic lumbar discomfort. He has weaned himself off all pain medications. The pain radiates from his groin to the left anteromedial thigh. He has 5/5 motor strength in all muscle groups, and absent deep tendon reflexes in the ankles. His femoral nerve stretch test is positive. Objective exam shows that the patient walks with a slight forward lumbar list. Lumbosacral radiographs on 4/10/14 shows post-surgical changes, but otherwise stable. MRI lumbar spine on 5/21/14 shows post-surgical changes, with mild segmental stenosis and lateral recess narrowing at T12-L1, and foraminal narrowing at L1-2 and L2-3. There is solid bony fusion at lower lumbar levels from L3 thru S1. Treatment to date: medication management, activity modification, L1-2/L2-3 decompression. A UR decision dated 6/27/14 denied the request for the T12-L1 ESI based on the fact that the patient has decreased sensation in the L5-S1 dermatome, and aside from reporting pain radiation, has no objective findings of radiculopathy at the T12-L1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 bilateral T12-L1 transforaminal steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. 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. However, there is no description of objective radiculopathy in the T12-L1 distribution. The guidelines only support ESI when the imaging study correlates with significant objective findings. It is also unclear what recent conservative management has been directed toward the thoracic or lumbar spine, and if the patient has previously had ESIs previously given his 1993 date of injury. Therefore, the request for Prospective request for 1 bilateral T12-L1 transforaminal steroid injection was not medically necessary.