

Case Number:	CM14-0010095		
Date Assigned:	02/21/2014	Date of Injury:	01/16/2005
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 & Rehabilitation and is licensed to practice in. 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 48-year-old female who has submitted a claim for lumbar disks protrusion at L4 to L5, L5 to S1 with neural foramina narrowing; and L4 to L5 radiculopathy on the left associated with an industrial injury date of January 16, 2005. Medical records from 2013 were reviewed. The patient complained of lower back pain with increasing left leg pain, associated with tingling and numbness. She had to initiate intake of narcotic medication and muscle relaxants due to progressive worsening of her symptoms. Physical examination revealed limitation of motion of the lumbar spine on all planes. Paravertebral muscle spasm and tenderness were present. Motor strength and reflexes were normal. Straight leg raise and Lasegue's tests were positive on the left. Sensation was diminished at the L4, L5, and S1 dermatomes on the left. The first epidural steroid injection at the left L4 to L5 level, dated 8/27/13, resulted to 60 to 70% relief of pain for 8 to 10 weeks, with increased functional abilities to perform exercise and daily activities. An MRI of the lumbar spine dated June 22, 2011, revealed small disks bulges at L4 to L5, and L5 to S1 with neural foramina narrowing. Treatment to date has included lumbar epidural steroid injection in 8/27/13, physical therapy, and medications such as Vicodin, cyclobenzaprine, and Medrox patches. A utilization review from January 9, 2014 denied the request for second left lumbar L4 and L5 transforaminal epidural steroid injection under fluoroscopic guidance because there was no evidence of nerve root compression based on MRI. Likewise, there was no clear evidence that this treatment will facilitate progress in more active treatment programs or may be used in an attempt to avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND LEFT LUMBAR L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 46.

Decision rationale: As stated on page 46 of the MTUS Chronic Pain Guidelines, 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 to eight weeks. In this case, the patient had her first epidural steroid injection at the left L4 to L5 level on 8/27/13. This resulted in 60 to 70% relief of pain for 8 to 10 weeks, with an increased functional abilities to perform exercise and daily activities. However, there was recurrence of low back symptoms with worsening of tingling and numbness sensation at the left lower extremity, based from the most recent progress report, dated 12/17/2013. This was corroborated by physical examination findings of positive provocative tests and diminished sensation. An MRI of the lumbar spine dated June 22, 2011 revealed small disks bulges at L4 to L5, and L5 to S1 with neural foraminal narrowing. Given that patient currently has progressive worsening of symptoms and beneficial response from a previous lumbar ESI, the medical necessity for a repeat ESI has been established. Therefore, the request is medically necessary.