MAXIMUS Federal Services

Case Number:	CM14-0015895		
Date Assigned:	03/05/2014	Date of Injury:	09/12/2007
Decision Date:	08/21/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 57-year-old male with date of injury of 09/12/2007. The listed diagnoses per the treating physician dated 09/09/2013 are chronic low back pain, lumbar fusion, L5-S1, lumbar degenerative disk disease at L5-S1 secondary to diskitis, lumbar radiculopathy and headache. According to the progress report dated 01/07/2014 by the treating physician, the patient complains of back pain with radiating symptoms down both legs. The examination shows tenderness in the paralumbar area with some spasms. Active voluntary range of motion of the thoracolumbar spine was limited. Straight leg raising test was slightly positive bilaterally at 50 degrees. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflex were 1 to 2+ and symmetrical. Achilles reflex were 0 to 1+ and symmetrical. No pathologic reflexes were evident. Hip range of motion was full bilaterally. The MRI of the lumbar spine dated 03/23/2013 shows mild degenerative disk disease at L4-L5 with right paracentral disk bulging and bone spurring measuring 3 to 5 mm in depth causing severe right lateral recess stenosis, but no change since the previous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION FOR RIGHT L4 - L5 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's) Page(s): 46,47.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a lumbar epidural steroid injection for the right L4-5 under fluoroscopy. The MTUS guidelines page 46 and 47 on epidural steroid injection recommends this option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. No more than 2 nerve root levels should be injected using transforaminal blocks. The MRI report dated 03/23/2013 shows right paracentral disk bulging and bone spurring measuring 3 to 5 mm causing severe lateral recess stenosis. The progress report dated 01/07/2014 notes a positive straight leg raise tests bilaterally with normal motor and sensory examination. The records show that the patient underwent a bilateral S1 transforaminal epidural steroid injection on 07/22/2013. The report following the ESI dated 08/12/2013 notes that the patient continues to report low back pain and bilateral lower extremity pain at a rate of 8/10. However, the treating physician states on this same report, He reports that the epidural steroid Injection done on 7/2212013 improved the radicular pain by 50%. There is no evidence of functional improvement or medication reduction. In this case, while the treating physician reports 50% improvement, the patient continues to report low back pain radiating to the bilateral lower extremities at a rate of 8/10. The MRI showed right sided disc protrusion with lateral recess stenosis. However, the treating physician would like to injection at right L4-5 via transforaminal approach which does not correlate with the level of problem. Right lateral recess stenosis and right paracentral disc protrusion at L4-5 would result in right L5 nerve root potential problem, and injecting L4-5 foraminal would miss L5 as L4 nerve exists via L4-5. More importantly, the treating physician fails to document meaningful improvement from prior injection. A mere statement of 50% reduction of pain is insufficient documentation. Medication reduction and function gains must be shown. While Right L5 selective nerve root injection may be appropriate in this patient, but the current request for right L4-5 injection is not. Recommendation is for denial. As such, the request is not medically necessary.