

Case Number:	CM14-0016471		
Date Assigned:	04/11/2014	Date of Injury:	11/17/2008
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 a date of injury of 11/17/2008. The listed diagnoses are: Chronic neck pain, Left shoulder degenerative joint disease, Bilateral lumbar radiculopathy, Left shoulder calf repair, Spondylosis L2 to S1, Neural foraminal stenosis L1 to S1, Partial-thickness tear at supraspinatus, infraspinatus, and subscapularis, and Status post arthroscopic release for frozen shoulder. According to report dated 01/13/2014, the patient presents with pain in the neck, bilateral shoulders, lower back, bilateral ankle, and complaints of depression. The patient reports ongoing pain in the lower back with numbness in the bilateral thighs rated a 7/10 on VAS. Examination of the lumbar spine and lower extremities revealed there is palpable tenderness of the paravertebral muscles bilaterally. There is a decreased sensation over the L5-S1 dermatome bilaterally. There is positive straight leg raise on the right. Range of motion is decreased with flexion at 42 degrees and extension at 10 degrees. MRI of the lumbar spine from 01/25/2013 revealed mild L2-L3 and moderate to severe L3-L4 to L5-S1 spondylosis, multilevel neural foraminal stenosis from L1-L2 to L5-S1, most advanced at L5-S1. Correlate clinically for right L5 radiculopathy. Recommendation is for transforaminal epidural steroid injection at L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL INJECTION (ESI) AT L5-S1 BILATERALLY
VERSUS INTERLAMINAR INJECTION:** Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following R=regarding ESI's, under its Chronic Pain Section, Page 46-47.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting bilateral epidural injection at L5-S1. Utilization review dated 02/04/2014 denied the request stating, "The request for bilateral L5-S1 transforaminal epidural steroid injection would mean blocking 2 nerve root levels, which is not support by the current guidelines." This request is for injection at level L5-S1, which is a 1-level injection, and the guidelines do support two level transforaminal injections. The MTUS Guidelines page 46 and 47 recommends epidural injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. In this case, the patient presents with pain in the low back with numbness down bilateral thighs. He also has decreased sensation noted over the L5 and S1 dermatome with decreased range of motion and positive straight leg raise. MRI indicates moderate to severe spondylosis at L5-S1 with severe foraminal stenosis bilaterally at L5-S1. An ESI appear indicated for this patient with the treater is requesting a bilateral injection. Although an examination reveals SLR on the right side only, given sensory deficit, significant pain in the legs and MRI findings, a trial of bilateral transforaminal ESI at L5-S1 appear reasonable. Recommendation is for authorization.