

Case Number:	CM14-0019729		
Date Assigned:	06/04/2014	Date of Injury:	07/17/2009
Decision Date:	08/05/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 40 year old with an injury date on 7/17/09. Patient complains of lower back pain rated 7-9/10 with radiation to bilateral lower extremities, right greater than left with tingling, numbness, and paresthasias in 1/9/14 report. Patient reports an escalation of lower back pain with onset of cold weather in 1/9/14 report, but patient had a similar episode in 10/31/13. Based on the 1/9/14 progress report provided by [REDACTED] the diagnoses are: failed back surgery syndrome, 3mm extramedullary tumor at L1-L2 level (MRI confirmed), lumbar disc bulge/protrusion at L4-L5 and L5-S1 level (MRI confirmed), bilateral L5 lumbar radiculopathy (EMG confirmed), s/p left L4-L5 hemilaminotomy and facetectomy, chronic myofascial pain syndrome, depression (GAF = 65). Exam on 1/9/14 showed restricted range of motion in L-spine. Spasms noted in paravertebrals and tenderness in L-spine area. Mild atrophy of paraspinal musculature. Right-sided sitting straight leg raise is 40-50 degrees. Left-sided sitting straight leg raise is 50-60 degrees. Diminished sensation to light touch along medial/lateral border of right leg, calf and foot. Motor strength is 5/5 except right plantar flexors are 4+/5. [REDACTED] is requesting a right sided L5-S1 transforaminal and caudal epidural steroid injection. The utilization review determination being challenged is dated 1/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/10/13 to 1/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT-SIDED L5-S1 TRANSFORAMINAL AND CAUDAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections.

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

Decision rationale: This patient presents with lower back pain and is s/p left L4-L5 hemilaminectomy/facetectomy of an unspecified date. The treater has asked for right sided L5-S1 transforaminal and caudal epidural steroid injection on 1/9/14. It appears patient had a first epidural steroid injection with 70% improvement in pain although the location of injection was not specified in 9/10/13 report. Patient had a second epidural steroid injection, right sided, at S1, L5, and in the caudal area on 11/20/13 with a 70% reduction in pain in 11/26/13 report. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient does present with significant leg symptoms with positive exam findings. However, MRI report was not available for review and although disc bulge/protrusion is described at L4-5 and L5-1, nerve root lesion is not confirmed. Furthermore, MTUS recommends 2 injections in most cases and the patient has had 2 injections in the recent past. Finally, medication reduction and functional changes from prior injections are not well documented. The request is not medically necessary.