

Case Number:	CM14-0120120		
Date Assigned:	08/06/2014	Date of Injury:	12/12/2001
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 50 year old man with a date of injury of 12/12/2001. The mechanism of injury is undisclosed. The injured worker is status post two level instrumented posterior back fusion at L4 to S1 on 03/02/12 and status post posterior fusion from L2 to L4 with removal of instrumentation at L4 to S1 on 09/19/13. Records indicate the injured worker has not participated in postoperative physical therapy following the second surgery as it has not been confirmed that the fusion is stable. Clinical note dated 10/31/12 is referenced in the records and is noted to indicate the injured worker's preoperative pain was mostly axial whereas the injured worker has mostly radicular symptoms postoperatively. It was noted that on 02/27/13 the injured worker's pain had steadily worsened. The pain radiated into both lower extremities. A discogram was requested and eventually performed on 04/08/13. Lumbar provocation discographies at L1 to L2, L2 to L3, and L4 to L5 was reported to be unequivocally positive at L3 to L4 greater than L2 to L3 with completely negative control at L1 to L2. The injured worker was diagnosed with post lumbar laminectomy syndrome. Records indicate a Toradol injection was given at an unspecified site on 08/11/13. The injured worker then proceeded to undergo the second lumbar fusion at L2 through L4 and removal of hardware from previous fusion at L4 to S1 on 09/19/13. The injured worker noted immediate improvement of radiating pain and sensation in the lower extremities but as of 10/30/13 the injured worker's chief complaint was that of numbness and tingling in the anterior portion of the thighs and lower legs and complete numbness of the fifth metatarsal bilaterally. An MRI of the lumbar spine dated 05/03/14, revealed disc bulges which impressed on the thecal sac at levels L1 to L2 through L3 to L4 with posterior lumbar interbody fusion at L4 to L5 and L5 to S1, posterior decompression was noted at L5 with a pseudomeningocele with the laminectomy site, and no central canal stenosis or neural foraminal narrowing was visualized at L4 to 5 or L5 to S1. Physical examination of the lumbar spine and lower extremities dated

06/09/14 revealed decreased flexion, diminished reflexes which were equal bilaterally, decreased motor strength in the bilateral lower extremities and sensation diminished to pinprick along the posterolateral thigh and posterolateral calf in the L5 to S1 distribution. Straight leg raise was positive at 60 degrees bilaterally. Physical examination dated 07/02/14 noted the same findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Diagnostic Transforaminal Epidural Steroid Injection at S1 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines allow for the use of epidural steroid injections (ESIs) when certain criteria are met. This guideline states candidates for ESIs must be initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal antiinflammatory drugs, and muscle relaxants). Records indicate the injured worker has not yet participated in any formal postoperative physical therapy. As such, failure to respond to conservative treatment is not identified. Records reference diagnostic imaging and electrodiagnostic studies; however, these studies are not submitted for review. Records do not indicate these studies reveal evidence of radiculopathy at the L5 to S1 level. Based on the clinical information submitted for review, medical necessity of a fluoroscopically guided diagnostic transforaminal ESI at S1 bilaterally is not established. The request is not medically necessary and appropriate.