MAXIMUS Federal Services

Case Number:	CM14-0134985		
Date Assigned:	08/27/2014	Date of Injury:	08/28/2002
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employer was a 64-year old male who had sustained injury to his low back and left knee. The mechanism of injury is not given in the progress notes available. The date of injury was 08/28/2002. His prior treatments included physical therapy, medications, knee brace, and cortisone injections to the knee, knee arthroscopies in 2003 and 2004, and hyaluronic acid injections in 2003, 2004, 2007 and 2009 and at least 3 lumbar epidural steroid injections. He had prior epidural steroid injection on 01/30/09 and had 70% pain relief for 6 months. MRI of the lumbar spine on 07/20/07 showed 3 mm circumferential disc bulge at L5-S1 contacting the exiting right L5 nerve root; there is moderate foraminal narrowing on the right. At L4-L5 there is a 6mm circumferential disc bulge flattening the thecal sac and lateral recess stenosis with moderate to severe right/mild left foraminal narrowing. The progress notes from 08/08/2014 were reviewed. Subjective complaints included left knee and lower back pain that radiated down his left leg all the way down to his foot. He had numbness and tingling in both legs at times. His pain was constant, aching and sharp at times. Pain was worse with standing and sitting for long periods of time. Pain level was 8/10 without medications and 4/10 with medications. He was reporting improvement in pain by 50%, but no functional improvement. His Hydrocodone/APAP had been denied. Pertinent examination findings included tenderness to palpation in bilateral lumbar paraspinous muscles, moderate pain with lumbar extension, mild pain with lumbar flexion and positive straight leg raising. His diagnoses included lumbar sprain/strain, left shoulder sprain/strain, left knee sprain/strain and left knee arthritis. He had tried NSAIDs which were discontinued by PCP due to hypertension. He had tried Tramadol with minimal pain relief. He was continuing home exercise program. The request was for transforaminal lumbar epidural steroid injections, bilateral at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TESI) single bilateral L4-L5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transforaminal epidural steroid injection Page(s): 46.

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

Decision rationale: According to Chronic Pain Medical Treatment guidelines, ESIs are recommended for radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging and/or EDS. The employee must have failed conservative measures. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The employee had failed conservative measures including medications and physical therapy. According to the records, the employee had a previous lumbar epidural injection with 70% reduction in pain for 6 months. MRI showed nerve root compression at L4-L5 and L5-S1. He had pain radiating to lower extremity and paresthesias. The request for bilateral transforaminal L4-L5 and L5-S1 epidural steroid injection is medically necessary.