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| Case Number: | CM14-0135901 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 09/09/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 33 year old male with a reported date of injury on 09/09/2013. The mechanism of injury reportedly occurred while the injured worker was unloading a truck. The injured worker's diagnoses included Lumbago, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of lumbar region without neurogenic claudication, lumbosacral spondylosis without myelopathy, myalgia and myositis, muscle spasm, and pain in limb. The injured worker's past treatments have included medications, medial branch blocks on 12/17/2013 (right L3-4, L4-5, L5-S1) and 12/31/2013 (left L3-4, L5-S1), lumbar trigger point injections on 01/15/2014, 01/29/2014 and 02/12/2014, and a right transforaminal lumbar epidural steroid injections (TF-LESI) at L3-4 and L4-5 on 06/03/2014. The injured worker's diagnostic testing included a lumbar MRI on 10/14/2013 which showed degenerative disc disease/left disc protrusion/annular disc tear at L5-S1, left S1 nerve root contact, degenerative disc disease/disc bulge/osteophyte formation at L4-5, facet arthropathy from L3-4 through L5-S1, neuroforaminal stenosis greatest in the left at L3-4, L4-5, and L5-S1. No pertinent surgical history was provided. The injured worker reported 50-60% improvement following previous lumbar spine epidural steroid injection. His right leg numbness improved significantly and his back pain was better after the injection. On 07/23/2014 the clinician observed and reported bilateral tenderness to palpation with muscle spasm at the lumbar spine/lower back with trigger points and positive twitch response. The injured worker was unable to heel/toe walk and bilateral lower extremity strength was measured as 4-5/5 on hip flexion, 4-5/5 on knee extension, 2/5 on knee flexion, 3/5 on dorsiflexion, and -3/5 on plantar flexion. The lower extremity neurological exam was noted to be normal. The clinician's treatment plan was to continue medications, add Zipsor to reduce the amount of Norco use, and schedule a left TF-

LESI. The injured worker's medications included Norco 10/325 mg four times per day, Baclofen 10 mg 2 tablets three times per day, Zipsor 25 mg four times per day (had not started as of 7/23/2014 note), Valium 5 mg #2 for pre-op prep. The request is for L2-L3, L3-L4, L4-L5, 64483, 64484 (2), 77003 lumbar transforaminal epidural steroid injection with fluoroscopy left side for low back pain and lumbar degenerative disc disease. The request for authorization form was submitted on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3, L3-L4, L4-L5, 64483, 64484 (2), 77003, LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY LEFT SIDE: Upheld

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

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

Decision rationale: The request for L2-L3, L3-L4, L4-L5, 64483, 64484 (2), 77003 lumbar transforaminal epidural steroid injection with fluoroscopy left side is not medically necessary. The injured worker complained of low back and bilateral leg pain. The leg pain and numbness improved 50-60% following the right transforaminal lumbar epidural steroid injections at L3-4 and L4-5 on 06/03/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain but no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The request is for an epidural steroid injection to the L2-L3, L3-L4, L4-L5 levels includes 3 levels. As the guidelines recommend no more than 2 levels be injected during each session, the requested injections would not be indicated. Therefore, the request for L2-L3, L3-L4, L4-L5, 64483, 64484 (2), 77003 lumbar transforaminal epidural steroid injection with fluoroscopy left side is not medically necessary.