

Case Number:	CM14-0144246		
Date Assigned:	09/12/2014	Date of Injury:	12/02/2010
Decision Date:	11/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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:

This patient is a 58 year-old male with date of injury 12/02/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/02/2014, lists subjective complaints as pain in the low back with left lower extremity weakness. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the left lumbar paraspinal muscles overlying the left L3-S1 facet joints. Range of motion was restricted in all planes due to pain. Sacroiliac provocative maneuvers were negative bilaterally, except Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus, which were positive on the left. Muscle strength was 5/5 in all limbs, except 4+/5 in the left quadriceps, anterior tibialis, and extensor hallucis longus. Decreased sensation to touch in the L5 dermatome. Diagnosis: 1. Left lumbar facet joint pain at L4-5 and L5-S1 2. New onset of acute left L5 pain with new left lower extremity weakness 3. Left lumbar facet joint pain at L3-S1 4. Lumbar facet joint arthropathy 5. Central disc protrusion at L5-S1 measuring 5 mm with moderate right L5 neural foraminal stenosis 6. Central disc protrusion at L4-L5 measuring 2mm 7. Lumbar facet joint arthropathy 8. Lumbar degenerative disc disease 9. Lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 Transforaminal Epidural Steroid injection with moderate sedation:
Overturned

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 patient has had a new onset of acute left L5 radicular pain which is well-documented. The criteria have been met to recommend an epidural steroid injection. I am reversing the previous utilization review decision. Left L4-5 and L5-S1 Transforaminal Epidural Steroid injection with moderate sedation is medically necessary.