

Case Number:	CM14-0147232		
Date Assigned:	09/15/2014	Date of Injury:	07/15/1999
Decision Date:	11/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 69 year old male with a reported date of injury on 07/15/1999. The mechanism of injury not provided. His diagnoses included post cervical anterior fusion, progressive lumbar degenerative disc disease at multiple levels, lumbar facet osteoarthritis, and lumbar myofascial pain. The past treatments included physical therapy. Diagnostic studies included an MRI of the lumbar spine which was performed on 02/07/2007 that revealed multilevel degenerative disc disease, L1-2 to L5-S1 and facet osteoarthritis throughout with bilateral foraminal narrowing. His surgical history included an anterior C4-5, C5-6, C6-7 fusion in 2004. The clinical note dated 07/02/2014 noted the injured worker reported low back pain, numbness to the right buttock with numbness radiating down the right leg to the foot. The injured worker reported pain to the left leg with burning and tingling from the knee down. The injured worker had hypoesthesia and dyesthesia in the anterolateral and posterior aspects of the right leg and on the left from the knee to the feet. The injured worker had depressed ankle reflexes bilaterally at 1- and bilateral patellar reflexes at 1+, and extensor halucis longus were intact bilaterally at 1+. Physical exam findings included tenderness across the lumbosacral area, positive bilateral straight leg raise, worse on the right, and negative Patrick's test. The injured worker's medication regimen included Diclofenac twice a day. The treatment plan included recommendations for a lumbar spine MRI for progressive lumbar spine pain and bilateral lumbar radiculopathy, Transforaminal epidural steroid injection with two week follow up for diagnosis and treatment purposes, in light of his significant reactions to prescribed pain medications, and Lyrica 50mg three times daily. The Request for Authorization was submitted 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Outpatient) Transforaminal ESI Right L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines (effective 07/18/09); regarding.

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

Decision rationale: The request for Epidural steroid injections is not medically necessary. The injured worker reported low back pain, numbness to the right buttock with numbness radiating down the right leg to the foot. The injured worker had hypoesthesia and dyesthesia in the anterolateral and posterior aspects of the right leg and on the left from the knee to the feet. The injured worker had depressed ankle reflexes bilaterally at 1- and bilateral patellar reflexes at 1+, and extensor halucis longus were intact bilaterally at 1+. The injured worker had a positive bilateral straight leg raise. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note 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 injured worker has physical examination findings indicative of neurologic deficit to the requested dermatomes. Per the documentation the injured worker underwent an MRI of the lumbar spine which revealed multilevel degenerative disc disease, L1-2 to L5-S1 and facet osteoarthritis throughout with bilateral foraminal narrowing; however, the requesting physician did not provide an official MRI report within the documentation. Therefore the request is not medically necessary.