

Case Number:	CM14-0150471		
Date Assigned:	09/18/2014	Date of Injury:	04/20/1999
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The claimant was injured on 04/20/99. A left L3 transforaminal ESI with fluoroscopy is under review. He was diagnosed with SI joint dysfunction on 08/08/13. SI joint injections were done in August 2013 and he had bilateral L3-4 facet medial branch blocks in October 2013. A note dated 08/28/14 indicates the claimant had a long history of low back pain with a more recent history of increased pain and left lower extremity pain. He was status post L4-5 laminectomy in the early 1980s. After that he had an L5-S1 laminectomy after a motor vehicle accident. He is status post L4-S1 fusion in 2001 after another motor vehicle accident. He has persistent low back pain. He reported new pain 1-2 months before but it is not described. There were no new incidents of trauma. He had pain in his left anterior thigh that was worse with changing positions or standing. He had not tried PT recently. He had previously tried various medications without pain relief. His current medications included Flexeril, meloxicam, and gabapentin. Physical examination revealed inspection and range of motion of the lumbar spine were normal. Range of motion was normal in the lower extremities. He had full strength. Sensation and reflexes were intact. Straight leg raises were negative. Femoral tension signs were negative. X-rays dated 08/28/14 revealed a stable fusion from L4-S1 with no hardware failure. There was no instability. He had DDD above the fusion at L3-4. An MRI on 07/17/14 revealed postop changes from L4-S1 that were unchanged from May 2011. At L3-4 there was a posterior right lateral disc protrusion and facet hypertrophy with significant right lateral recess stenosis. At L2-3 there was posterior left parasagittal disc protrusion and facet hypertrophy with moderately severe left lateral recess stenosis. He was referred to physical therapy and a left L3 transforaminal ESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3 Transformational Epidural steroid injection with Fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)..."There is no clear objective evidence of radiculopathy at level L3 on the left side on physical examination, as no focal neurologic deficits have been described, and no EMG was submitted. There is no indication that he has failed all other reasonable conservative care, including PT; PT was also recommended at the same time as the ESI but the status of that request is unknown. There is no evidence that this ESI has been recommended in an attempt to avoid surgery. The MRI report does not clearly demonstrate the presence of nerve root compression at the level to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.