

Case Number:	CM14-0154728		
Date Assigned:	09/24/2014	Date of Injury:	11/01/1999
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 54 year old female with a 11/1/99 injury date. The mechanism of injury was not provided. In an 8/8/14 follow-up, the patient complains of low back pain with bilateral lower extremity radiation, with numbness extending to the toes. Objective findings included antalgic gait, diffuse paraspinal tenderness, diminished sensation in bilateral L4, L5, and S1 dermatomes, bilateral psoas, quad, and hamstring weakness of 4/5, positive straight leg raise on the left at 50 degrees that reproduces radiating pain, and positive slump test bilaterally. The straight leg raise is also positive on the right at 70 degrees. The left Achilles reflex is diminished and there are five to six beats of clonus in the right lower extremity. A lumbar spine MRI on 4/24/14 showed degenerative disc disease and facet arthropathy, and mild to moderate bilateral neural foraminal narrowing at L4-5. Diagnostic impression: lumbar degenerative disc disease with radiculopathy. Treatment to date: physical therapy, chiropractic care, acupuncture, epidural steroid injection at left L4 and L5 (3/8/05), medications. A UR decision on 8/19/14 denied the request for transforaminal ESI bilateral L4 and L5 on the basis that the latest MRI showed facet arthropathy with L4-5 mild to moderate bilateral foraminal narrowing, which would not strongly support nerve impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI bilateral L4 and L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines (Epidural Steroid Injections page 46) Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, the last epidural injection was in 2005, so the criteria for repeat injections do not apply. The patient has documented objective signs of radiculopathy, including positive straight leg raise, focal muscular weakness, diminished sensation in a dermatomal pattern, and diminished left Achilles reflex. The magnetic resonance imaging (MRI) shows mild to moderate foraminal stenosis at L4-5, which does not positively indicate nerve root compression but it does not rule it out either. There appears to be enough corroboration between exam and imaging findings to support the procedure. In addition, the patient has had a significant amount of documented prior conservative treatment. Therefore, the request for a transforaminal epidural steroid injection (ESI) bilateral L4 and L5 is medically necessary.