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| Case Number: | CM14-0156972 | | |
| Date Assigned: | 09/29/2014 | Date of Injury: | 01/12/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 patient is a 54 year old male with a work injury dated 1/12/10. The diagnoses include right L4 and right L5 radiculopathy with right lower extremity weakness; lumbar disc protrusion; lumbar stenosis; bilateral knee internal derangement and chronic low back pain. Under consideration is a request for transforaminal epidural steroid injection fluoroscopically guided Right L4-L5, L5-S1. There is a primary treating physician report dated 9/25/14 that states that the patient has bilateral knee pain, bilateral low back pain and bilateral shoulder pain. The patient's fluoroscopically-guided right L4-L5 and right L5-S1 transforaminal epidural steroid injection was partially certified. On exam Examination of the skin revealed scaring on the knees. There is tenderness upon palpation of the bilateral knees. Muscle girth is symmetric in all limbs. Bilateral shoulders ranges of motion were restricted by pain in all directions. Bilateral knees ranges of motion were restricted by pain in all directions. Shoulder provocative maneuvers, including Neer's and Hawkin's, were positive bilaterally. There is tenderness upon palpation of the bilateral knees. Lumbar ranges of motion wererestricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Lumbar discogenic provocative maneuver, sustained hip flexion, was positive bilaterally. Sacroiliac provocative maneuvers were negative bilaterally. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is unchanged from the previous visit, except: right tibialis anterior, right extensor hallucis longus, and right gastrocsoleus strength were 4+/5. The remainder of the examination is unchanged from the previous visit. The document states that this is an appeal for the denial of the patient's fluoroscopically-guided right L4-L5 and rightL5-S I transforaminal epidural steroid injection to treat the patient's aggravated low back pain and right lumbar radiculopathy with right lower extremity weakness. The previous 2011 lumbar epidural steroid injection provided 100% relief

for over 2 years. The previous 2011 epidural steroid injection was a 2- level injection at the right L4-L5 and right L5-S 1 levels as the operative report describes a needle being placed in the right L4 foramen (right L4-L5) and a 2nd needle being placed in the right L5 foramen (right L5-S1). The patient has neurologic deficits of decreased muscle strength of right tibialis anterior, right extensor hallucis longus, and right gastrocnemius. The patient has failed physical therapy and NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection fluoroscopically guided right L4-L5, L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Transforaminal epidural steroid injection fluoroscopically guided right L4-L5, L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Per documentation the patient has negative nerve root tension signs and no sensory examination. There is some weakness in the in the right L5,S1 muscles. This is not corroborative of radiculopathy and therefore Transforaminal epidural steroid injection fluoroscopically guided right L4-L5, L5-S1 is not medically necessary.