

Case Number:	CM14-0168573		
Date Assigned:	10/16/2014	Date of Injury:	09/30/2008
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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:

Patient is a 55-year-old male who has submitted a claim for thoracic/lumbosacral neuritis/radiculitis and intervertebral disks displacement of the lumbar spine without myelopathy associated with an industrial injury date of 9/30/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent low back pain radiating to bilateral lower extremities rated 2 to 6/10 in severity. Physical examination of the lumbar spine showed restricted motion and positive mild facet loading bilaterally. Straight leg raise test was positive bilaterally. Reflexes were intact. Sensation was diminished below the knee bilaterally. MRI of the lumbar spine from 10/13/2012 revealed multi-level central disk protrusion abutting the thecal sac. The neuroforaminae were patent. Treatment to date has included lumbar surgery, caudal epidural steroid injections in 2011 (which resulted in significant improvement), spinal cord stimulator trial, physical therapy, and medications. Utilization review from 10/9/2014 denied the request for lumbar transforaminal injections x 2 level is bilateral L4 to L5 because of no documentation concerning functional outcomes from previous epidural steroid injection. Moreover, request for second injection can only be supported on positive response of initial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal injections x2 levels bilateral L4-5: 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 Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of persistent low back pain radiating to bilateral lower extremities rated 2 to 6/10 in severity. Physical examination of the lumbar spine showed restricted motion and positive mild facet loading bilaterally. Straight leg raise test was positive bilaterally. Reflexes were intact. Sensation was diminished below the knee bilaterally. Clinical manifestations were consistent with focal neurologic deficit. However, MRI of the lumbar spine from 10/13/2012 showed patent neuroforaminae. Moreover, patient underwent caudal epidural steroid injection in 2011 without documented percentage and duration of pain relief. Guideline criteria for repeat epidural steroid injection were not met. Therefore, request for lumbar transforaminal injections x 2 at L4 to L5 bilaterally was not medically necessary.