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| Case Number: | CM14-0174098 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 01/29/2009 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 56-year-old female with a 1/29/09 date of injury. The patient underwent lumbar laminectomy in 1999 and 2011. An MRI of the lumbar spine dated 2/22/12 (the radiology report was not available for the review) revealed small protrusion 4-5 at the motion segment above L5-S1 anterior fusion and negligible central narrowing. The EMG/NCS dated 2/29/12 (the report was not available for the review) revealed electrodiagnostic evidence for left L5-S1 radiculopathy without active denervation and evidence for right S1 sacral radiculopathy without active denervation. The progress notes indicated that the patient underwent L5 and S1 transforaminal steroid injections in 2010 and on 8/25/14. The patient was seen on 9/19/14 with complaints of lower back radiating into bilateral lower extremities associated with numbness and weakness. Exam findings revealed pain in the bilateral L5 and S1 dermatomal distribution, antalgic gait on the left and limited range of motion of the lumbar spine. The straight leg-raising test was positive bilaterally and there was sensory deficit in the left L5 dermatomal distribution. The patient stated that she noticed marked improvement in burning pain in the leg and did not notice any improvement in the numbing sensation and pain in the lower back after the injection. The diagnosis is postlaminectomy syndrome, myofascial pain syndrome and lumbar radiculopathy. Treatment to date: 2 lumbar laminectomies, L5-S1 transforaminal steroid injections, physical therapy, cane, work restrictions and medications. An adverse determination was received on 10/7/14 for lack of percentage of pain relief after previous injection and lack of imaging studies supporting radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 & S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA 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. However the patient had radicular pain and sensory deficit in the left L5 dermatomal distribution and EMG/NCS dated 2/29/12 revealed electrodiagnostic evidence for left L5-S1 and right S1 sacral radiculopathy, the official report was not available for the review. In addition, it was noted that the patient underwent L5 and S1 transforaminal steroid injection on 8/25/14, however there was a lack of documentation indicating the percentage in the patient's pain relief and the duration of pain relief was not documented. Therefore, the request for Bilateral L5 & S1 Transforaminal Epidural Steroid Injection is not medically necessary.