

Case Number:	CM14-0021776		
Date Assigned:	05/09/2014	Date of Injury:	11/04/1994
Decision Date:	07/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Interventional Spine, 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:

This patient is a 60-year-old female with date of injury of 11/9/94. Per the treating physician's report dated 12/4/13, the listed diagnoses are advanced multilevel facet arthropathy, mild canal stenosis at L3-L4, and severe neuroforaminal narrowing. The patient has continued low back pain despite physical therapy that radiates to the buttocks, and the back of the legs to the foot. Pain is at 6/10. The patient is taking Flexeril and ibuprofen, and has problem ambulating due to obesity. Under the treatment plan, the patient was pending an appointment with the neurosurgeon. The patient was to continue to work on weight loss and decrease carbohydrate intake. The patient was to continue current medications, has an appointment with a pain management specialist. A 9/25/13 note states that the patient is experiencing low back pain radiating to the left buttock down the leg to the foot with decreased sensation in left leg compared to the right one. Pain is at 7/10 despite Vicodin and Flexeril. Examination showed decreased sensation in the left foot, difficulty ambulating, decreased range of motion on the low back. Under treatment and discussion, the patient had physical therapy which helped the pain but only for a short while. The epidural steroid injection helped, but insurance refused payment. The patient is pending a neurosurgical consultation. There is a report of a lumbar MRI from 7/24/13 showing multilevel facet arthropathy at L4-L5 and L5-S1, grade 1 anterolisthesis at L4-L5, mild central stenosis at L3-L4, severe right lateral recess narrowing and neuroforaminal narrowing, and severe neuroforaminal stenosis on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 46-47.

Decision rationale: MTUS Guidelines allow epidural steroid injections for clear diagnosis of radiculopathy. In this case, the patient has pain down the lower extremity down to the foot particularly on the left lower extremity with decreased sensation. The patient continues to experience significant pain despite use of medications and physical therapy. MRI showed severe foraminal stenosis on the right side at L3-L4 and on the left side at L4-L5. Review of the report showed that the patient has had injections in the past, perhaps dating back to 2008, without benefit. However, reports are not available to clearly determine whether or not the patient experienced a 50% reduction of pain with reduction of medication use. Given the significant pathology of the lumbar spine MRI that can certainly explain the patient's pain down the lower extremity, the patient's difficulty in ambulation, decreased sensation down the leg, the request is medically necessary.

1 LEFT SI INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines.

Decision rationale: This patient presents with chronic low back pain with radiation to both lower extremities. MRI demonstrated foraminal stenosis on the right side at L3-L4 and on the left side at L4-L5. There is a request for SI joint injection, but despite review of several reports prior to the utilization review denial, a discussion regarding the request of SI joint injection was unable to be found. The examination findings were carefully reviewed, but there are no mentions of SI joint maneuvers. The Official Disability Guidelines support SI joint injection only when three distinct physical examination maneuvers show positive signs of SI joint dysfunction. Given the lack of proper physical examination demonstrating SI joint syndrome, the request is not medically necessary.