

Case Number:	CM14-0025101		
Date Assigned:	06/11/2014	Date of Injury:	01/14/2011
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 57 year old male who reportedly was injured on 01/14/2011 when a heavy bag fell on him. The most recent office note submitted for review is dated 12/31/13, and indicates the injured worker complains of low back pain that radiates to the bilateral lower extremities. He also complains of neck pain that radiates to the bilateral upper extremities. Physical examination on this date reported gait was slow and assisted with the use of a cane. Range of motion of the lumbar spine revealed mild-to-moderate reduction secondary to pain. Spinal vertebral tenderness was noted at the L4-S1 level. Lumbar myofascial tenderness to palpation was noted. MRI of the lumbar spine dated 03/24/11 revealed a minimal grade I spondylolisthesis of L5 anteriorly on S1 with bilateral pars defects seen of L5. There is a 3mm broad-based osteophytic ridge and disc protrusion with moderate bilateral neural foraminal narrowing. At L4-5 there is a six millimeter central and left-sided disc protrusion with moderate left-sided and minimal right-sided neural foraminal narrowing. There is moderate central spinal canal stenosis at this level. Electrodiagnostic testing performed on 06/07/11 reported findings of acute right L5 nerve root involvement/radiculopathy. A request for bilateral L5-S1 transforaminal epidural steroid injection was non-certified on review dated 02/11/14, noting that the injured worker had a bilateral L4-S1 transforaminal epidural steroid injection in 03/2013 with no result mentioned. It was also noted that MRI showed no pathology at the L5-S1 level and does not support the request, and EMG showed a right L5 radiculopathy and does not support a bilateral transforaminal epidural steroid injection.

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 Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

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

Decision rationale: The CA MTUS guidelines for the use of epidural steroid injection require that radiculopathy 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. According to the reconsideration request letter dated 03/01/14, the injured worker has decreased sensitivity to touch on both lower extremities, as well as decreased strength in bilateral lower extremities; however, no dermatomal or myotomal distribution was identified. The letter also indicates that the injured worker experienced 80% pain relief for 8 months with epidural steroid injection done 03/19/13. However, the treating physician pain medicine re-evaluation reports submitted for review from 09/17/13 through 12/31/13 do not document any findings of radiculopathy on examination. There also is no assessment of the injured worker's response to previous lumbar epidural steroid injection in any of the office notes (there is discussion of the injured worker's response to cervical epidural steroid injections). Based on the clinical information provided, medical necessity is not established for bilateral L5-S1 transforaminal epidural steroid injection.