

Case Number:	CM14-0027472		
Date Assigned:	06/13/2014	Date of Injury:	06/13/2011
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 Pain Management 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:

The patient is a 62-year-old male with an injury date of 06/13/11. Based on the 02/12/14 progress report provided by [REDACTED] the patient complains of low back pain, which radiates to the bilateral legs into the knees with weakness, numbness, and tingling sensation with burning to touch. He experiences locking when arising. There is diffuse tenderness noted over the paravertebral musculature and moderate tenderness noted at L3-S1. He also has moderate bilateral knee pain and patellofemoral grinding. The patient's diagnoses include the following: 1. Lumbar disc disease; 2. Lumbar radiculopathy; 3. Lumbar facet syndrome; 4. Bilateral knee osteoarthritis. The 07/01/13 MRI of the lumbar spine showed the following: 1. a grade 1 spondylolisthesis at L4 and L5; 2. moderate central canal noted on L4-L5 with moderate facet arthropathy; 3. 4 mm circumferential disc protrusion noted at L4-L5 abutting the descending L5 nerve roots bilaterally; 4. 4 mm biforaminal disc protrusion noted at L3-L5 with abutment of the exiting nerve roots bilaterally; 5. 3 mm circumferential disc protrusion noted at L5-S1 level. [REDACTED] is requesting for 2 bilateral L4-L5, L5-S1 transforaminal epidural injections. The utilization review determination being challenged is dated 02/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/20/13- 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 BILATERAL L4-L5, L5-S1 TRANSFORAMINAL EPIDURAL INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs. 46, 47).

Decision rationale: According to the 02/12/14 report by [REDACTED], the patient presents with low back pain, which radiates to the bilateral legs into the knees with weakness, numbness, and tingling sensation with burning to touch. The request is for L4-L5, L5-S1 transforaminal epidural injections. In reference to an epidural steroid injection, MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient had a positive Kemp's Test as well as a positive seated/supine straight leg raise. The 07/01/13 MRI of the lumbar spine showed a moderate central canal with moderate facet arthropathy and grade 1 spondylolisthesis. There is also a 4 mm circumferential disc protrusion noted at L4-L5 abutting the descending L5 nerve roots bilaterally and a 4 mm biforaminal disc protrusion noted at L3-L5 with abutment of the exiting nerve roots bilaterally. Exam showed positive SLR and a trial of an ESI appear reasonable. Reviewing the reports, there is no indication that the patient had any prior injections. However, the request is for two injections. MTUS does not support multiple injections in series. It recommends trying one, and for repeat injections, documentation of benefit is required. Recommendation is for the treatment being not medically necessary and appropriate.