

Case Number:	CM14-0031813		
Date Assigned:	06/20/2014	Date of Injury:	07/25/2012
Decision Date:	08/05/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation 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 41-year-old gentleman with the date of injury of 7/25/12. Mechanism of injury was a MVA, when the patient fell asleep at the wheel and crashed into an electrical pole, lost control, crossed 4 lanes of traffic, and ultimately crashing head-on into a tree. Air bags were deployed and the patient was rendered unconscious. He was taken to the hospital by paramedics. The patient had multiple trauma, including injury to the spine with hyperextension/hyperflexion injury. Conservative care was initiated. MRI of the lumbar spine was done on 5/22/13 and showed disc bulge at L4-5 with an annular tear and a diffuse posterior bulge at L5-S1 with minimal narrowing at the right and left neural foramina. The patient was under the care of a pain specialist, who requested bilateral L4-S1 TFESI, and it appears that on 9/03/13, the patient underwent left L4-S1 TFESI. In follow-up, the patient was noted to have a 50-80% response with reduction in medication use and improved ADL's. A repeat injection was recommended based on this, however, it appears to have been denied. This was initially to be appealed, however, at the 12/04/13 follow-up visit, the patient was doing well with only 2/10 pain, and the pain specialist decided to hold off on the appeal. On 1/29/14, the pain was noted to have increased to 3-5/10 with radiation to the left leg and weakness in the left leg. Exam on that date showed that the patient had tender points and limited ROM with non-specific reduced strength at the left leg. SLR is noted to be positive on the left. An additional left L4-S1 TFESI is recommended. However, on 2/14/14, the patient was declared Permanent and Stationary by the orthopedic treating physician. The patient has successfully returned to work, doing all activity, is no longer on oral medications, and states that his headaches, nose pain, anxiety, and foot/ankle pain are resolved. Neck, back and leg pain are now only 2/10. Review of systems reports that there is no weakness or numbness. Lumbar exam shows normal sensation and motor power. ROM is reduced. Reflexes are normal. He has reached maximal medical improvement, and will

return for follow-up on an as needed basis for future medical care. This was submitted to Utilization Review, who rendered an adverse determination on 2/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 Transforaminal Epidural Steroid Injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostics. Patients must have failed conservative care. In this case, the patient had transforaminal epidural injection (ESI) at left L4-S1 in September of 2013 with very good response. Symptoms significantly subsided to a point of the pain specialist holding off an appeal of UR denial of repeat ESI. The pain specialist later documented an increase in symptoms, and requested repeat ESI again. That said, the primary treating physician, an orthopedic specialist, deemed the patient to have resolved nearly all symptoms with minimal residual radicular symptoms and no exam findings consistent with radiculopathy. This occurred after the pain specialist request for additional ESI and before the adverse Utilization Review determination. The primary treating physician stated that the patient was no longer taking oral medications, and had returned to regular duty and was discharged from care with follow-up on an as needed basis for future medical care. Therefore, the request for Left L4-S1 Transforaminal Epidural Steroid Injection (ESI) is not medically necessary and appropriate.