

Case Number:	CM14-0032928		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2010
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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 Pain Management 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 is a male patient with the date of injury of February 23, 2010. A Pain Medicine Re-Evaluation dated February 19, 2014 identifies Subjective Complaints of low back pain that radiates to the bilateral knees and is accompanied by numbness frequently in the bilateral lower extremities to the level of the feet. Physical Exam identifies spasm noted. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Decreased sensitivity to touch along the L4 dermatome in both lower extremities. Motor exam shows decreased strength of the bilateral lower extremities. Diagnoses identify lumbar facet arthropathy, lumbar radiculitis, hypertension, obesity, and chronic pain, other. Treatment Plan identifies lumbar transforaminal steroid injection bilateral L3-5. An MRI of the lumbar spine dated July 14, 2010 identifies Impression of at L4/L5 a 2.6 mm broad-based central disc protrusion combined with facet joint and ligamentum hypertrophy moderately narrows the neural foramina and mildly narrows lateral recesses resulting in effacement of the exiting and encroachment of the transiting nerve roots. At L3/L4 a 2.3 mm broad-based central disc protrusion combined with facet joint and ligamentum flavum hypertrophy mildly narrows the neural foramina and lateral recesses, resulting in encroachment of the exiting and transiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, L3-5 Bilateral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Regarding the request for transforaminal epidural steroid injection, L3-5 bilateral, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are symptoms and findings consistent with radiculopathy. The imaging findings show narrowing and encroachment at the requested levels. As such, the currently requested transforaminal epidural steroid injection, L3-5 bilateral is medically necessary.