

Case Number:	CM14-0033852		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2003
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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:

The patient is a 65-year-old with date of injury of April 17, 2003. The listed diagnoses per Dr. [REDACTED] dated February 27, 2014 are lumbar post laminectomy syndrome with bilateral lower extremity radiculopathy, left significant more than right, left hip DJD (*degenerative joint disease), left knee internal derangement, status post arthroscopy June 2013, status post left shoulder rotator cuff repair, and cervical spine degenerative disk disease with associated cervicogenic headaches. According to this report, the patient is postoperative in 2013 where the patient developed severe and debilitating pain in her low back on the left radiating down the left leg at about L4 or L5 distribution. In addition, she has hip pain radiating into the groin worse with internal and external rotation. The patient had a left L3-L4 and left S1 epidural steroid injection on February 3, 2014. She then reports 25% improvement with decrease in medications and improvement in her activities of daily living. The patient also received trigger point injections which she got two weeks of very good benefit of her axial lower back pain; however, this did not help the radicular symptoms. The objective findings show the patient stands up with a normal posture, lumbar lordosis is normal, and there is no evidence of scoliosis or increased thoracic kyphosis. Hips and pelvis are level. Leg lengths are equal. There is tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. The lumbar spine range of motion is diminished. Neurologic examination shows deep tendon reflexes are both absent on the left and right patellae and Achilles tendon. Lower extremity motor testing is within normal limits. Sensory examination to Wartenberg pinprick wheel is decreased along the posterior lateral thigh and lateral calf in the L5 or S1 distribution bilaterally, left significant more than the right. Straight leg raise in the modified sitting position is positive on the left at 30

degrees and on the right it is at 60 degrees. The utilization review denied the request on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND FLUOROSCOPICALLY GUIDED TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT LEFT L3-L4 AND S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Lumbar Page(s): 11, 46-47.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a second fluoroscopically guided transforaminal epidural steroid injection at the left L3-L4 and S1. The Chronic Pain Medical Treatment Guidelines recommends this option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). In addition, no more than 2 nerve root levels should be injected using transforaminal blocks. Furthermore, the Chronic Pain Medical Treatment Guidelines also states that in the therapeutic phase, repeat block 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 with a general recommendation of no more than four blocks per region per year. The records show that the patient underwent an ESI on February 3, 2014 for the right S1, left S1, and left L3. The progress report dated 02/20/2014 documents, "the patient presents to the clinic status post 2 weeks after an ESI to the lumbar spine, Dr. Bernstein. The patient states she feels some relief, but nothing dramatic. The patient still has difficulty with sitting and standing for long periods of time. The patient states that the pain in the lower back continues to travel down both legs. The patient continues to complain of morning stiffness in her right knee which improves as the day progresses." The February 27, 2014 report referenced a lumbar spine MRI performed on October 10, 2013 showing fusion at L4 and L5 with a 5-mm anterolisthesis. There is metallic artifact over the L4-L5 and L5-S1, likely reflecting postoperative changes. There is moderate bilateral foraminal narrowing at L3-L4. The treater also referenced an EMG (electromyography) study of the lower extremities performed by Dr. [REDACTED] that does not show any radiculopathy. Furthermore, the treater also documents that the patient reports 25% relief from a recent epidural injection which enables her take less medication and helps improve her activities of daily living. In this case, the Chronic Pain Medical Treatment Guidelines requires at least 50% pain relief for repeat blocks with associated reduction of medication use for at least six to eight weeks. Given only partial pain relief from a recent ESI, a second ESI is not warranted. The request for second fluoroscopically guided transforaminal epidural steroid injections at left L3-L4 and S1 is not medically necessary or appropriate.