

Case Number:	CM14-0038682		
Date Assigned:	06/27/2014	Date of Injury:	08/16/1988
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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 & 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 54-year-old female with date of injury of 08/16/1998. The listed diagnoses per [REDACTED] dated 03/05/2014 are: degenerative disk disease of the lumbar spine; degenerative disk disease of the thoracic spine; mood disorder with general medical condition; Achilles pain; osteoporosis with osteopenia; a sleep disorder; and hallux rigidus. According to this report, the patient complains of increased pain in the low back and leg. She also reports continued pain in her neck and upper left shoulder. She also states that she has not done physical therapy yet. The physical exam shows the patient has a normal gait, although slow. There is some weakness in toe walking. Straight leg raise is positive on the left. There is tenderness in the left proximal hamstring, no tightness. Lumbar range of motion is painful at full extension. The Utilization Review denied the request on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46,47.

Decision rationale: This patient presents with low back pain and leg pain. The treater is requesting a transforaminal epidural steroid injection at left L5, S1. The MTUS Guidelines page 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in a magnetic resonance imaging (MRI). No more than two nerve root levels should be injected using transforaminal blocks. And for repeat blocks, continued objective documentation of pain and functional improvement should include at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The records do not show a recent or prior MRI report of the lumbar spine. However, the progress report dated 01/30/2014 references an MRI of the lumbar spine and thoracic spine dated 10/09/2013 showing no evidence of spinal stenosis or disc herniation but mild left neuroforaminal narrowing. In this case, while the exam shows a positive straight leg raise on the left there are no significant findings on MRI or described dermatomal distribution of pain for radiculopathy. Recommendation is not medically necessary.