

Case Number:	CM14-0039437		
Date Assigned:	06/27/2014	Date of Injury:	10/08/2013
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 59-year-old male with a date of injury of 10/08/2013. The listed diagnosis per [REDACTED] is lumbar spine disk herniation. According to progress report 03/18/2014 by [REDACTED], the patient is status post lumbar epidural steroid injection for patient's radiculopathy and pain on 03/12/2014. The examination findings reports left L3 to L4 dermatomal deficit. This report is handwritten and partially illegible. According to the doctor's first report on 02/18/2014, the patient complained of cervical, lumbar, and shoulder pain. The patient also complained of left elbow pain. The examination revealed tenderness in the lower back with paraspinal musculature tenderness. The treatment plan was for a Lumbar Epidural Steroid Injection (LESI). The MRI of the lumbar spine on 12/19/2013 revealed L2 to L3, 3- to 4-mm disk bulge with mild to moderate central canal stenosis measuring 9 mm. The L3-L4 has a 4-mm disk bulge with mild bilateral neuroforaminal narrowing. The L4 to L5 revealed 3-mm disk bulge with mild bilateral neuroforaminal narrowing and moderate central canal stenosis measuring 7 mm in AP dimension. The Utilization review denied the request for left L3- L4 transforaminal block on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

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

Decision rationale: This patient has lower back pain. The physician is requesting a L3-L4 transforaminal block. Medical records show the patient underwent lumbar epidural steroid injection L4 to L5 on 03/12/2014 which did not provide relief. Progress reports on 03/18/2014 indicate the patient is status post lumbar epidural steroid injections (LESI) with continued pain and radiculopathy. The physician states he is requesting an L3 to L4 left transforaminal block because the lumbar epidural steroid injections did not show legible radiculopathy. The progress report is hand written and partially illegible. The MTUS Guidelines indicate an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks and a general recommendation of no more than 4 blocks per year. In this case, progress reports immediately following the 03/12/14 epidural steroid injections, indicate the patient continues with dermatomal deficits. The MTUS guidelines require specific documentation of functional improvement and decrease in pain and medication to consider repeat injections, therefore the Left L3-L4 transforaminal block is not medically necessary.