

Case Number:	CM14-0044775		
Date Assigned:	07/02/2014	Date of Injury:	12/03/2012
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Management and 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 42-year-old male with date of injury of 12/03/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar spine DDD. 2. Lumbar spine HNP/bulge. 3. Lumbar spine radiculopathy. 4. Lumbar spine pain. According to progress report 03/03/2014 by [REDACTED], the patient presents with chronic low back pain that radiates down the left lower extremity to the foot. Examination revealed straight leg raise caused pain to radiate to the calf. MRI of the lumbar spine from 04/23/2013 revealed large L4-L5 left paracentral protrusion/extrusion that is compressing the thecal sac. The left L5 root never also has a broad-based bulge at the L5-S1 level contacting the S1 nerve root. The treating physician is requesting a repeat left L5 and S1 transforaminal epidural steroid injection secondary to recurrence of symptoms. Utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 Transforaminal/Caudal Epidural Steroid Injections with fluroscopy and IV Sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section: Page 46,47 Page(s): 46, 47.

Decision rationale: This patient presents with low back pain that radiates down the left lower extremity to the foot. The treating physician is requesting a repeat left L5 and S1 transforaminal epidural steroid injection with fluoroscopy and IV sedation. Review of the medical file indicates the patient underwent a left L5-S1 transforaminal injection on 11/06/2013. The treating physician in his report from 03/03/2014 indicates the patient had excellent relief of his symptoms until about 3 weeks ago. The MTUS Guidelines has the following regarding ESI under Chronic Pain Section pages 46 and 47; Recommended as an option for treatment for radicular pain. 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 with a general recommendation of no more than 4 blocks per year. Review of progress report immediately following the 11/06/2013 ESI indicates the patient has complete resolution of pain. He is only having minor numbness or tingling in the left thigh towards the end of the day. Report, 11/26/2013, indicates the patient's pain intensity has improved from 6/10 to 0-2/10. Report, 01/07/2014, continues to report that the patient is stable since the epidural injection. In this case, multiple progress reports following the 11/06/2013 ESI indicates the patient has experienced significant reduction of pain lasting several months. MRI showed a large disc extrusion and given that the symptoms have returned. It is reasonable to try a second injection. The requested Left L5 and S1 Transforaminal/Caudal Epidural Steroid Injections with Fluoroscopy And IV Sedation IS medically necessary.