

Case Number:	CM14-0049052		
Date Assigned:	07/02/2014	Date of Injury:	05/20/2013
Decision Date:	08/01/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 55-year-old female with date of injury of 5/20/13. The listed diagnoses per [REDACTED] as of 3/5/14 are PTSD, contusion of the right knee, right elbow pain (resolved), strain of the cervical spine, strain of the right trapezius muscle, right shoulder joint pain, and right thoracic spine strain. According to this report, the patient complains of neck, mid back, low back, right shoulder, and right elbow pain. She reports persistent pain in the low back radiating to her right leg. She was recently diagnosed by [REDACTED] on 2/13/14 with L1-2 central disk extrusion with spinal canal stenosis, L3-L4 right paracentral disk extrusion with lateral recess stenosis, L4-L5 disk protrusion with mild lateral recess stenosis, L5-S1 degenerative disk disease and spondylosis, multilevel mild degenerative disk disease of the lumbar spine, and right lower limb radicular pain. She continues to perform her home exercises. The progress report dated 2/13/14 by [REDACTED] documents that the lumbosacral spine is unremarkable. There is no pelvic obliquity or leg length discrepancy noted. Trendelenburg sign is bilaterally negative. Muscle spasm is absent. Tenderness to palpation in the posterior lumbar spine is absent. No guarding was noted during the lumbar examination. Lumbar nerve root provocation testing (straight leg raise sign) is negative on the left in a sitting position and positive on the right in a sitting straight leg position. Patrick's sign bilaterally is negative for the elicitation of ipsilateral low back or groin pain. None of the 8 non-organic (Waddell's) sign of low back pain are present on that examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 Epidural steroid injection: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. The MTUS also states that no more than two nerve root levels should be injected using transforaminal blocks. In addition, in the therapeutic phase, repeat blocks should be based on continued objective, documented pain and functional improvement including 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 MRI of the lumbar spine dated 2/10/14 showed severe disk height loss and disk degeneration with moderate facet arthrosis, moderate right foraminal and mild left foraminal narrowing at L5-S1. The progress report dated 2/13/14 documents a positive straight leg raise (SLR) on the right; however, there is no report of radicular pain in a specific dermatomal distribution. MRI showed an extruded disc at L3-4, which is expected to cause L4 radiculopathy. Given that the patient has not tried an injection, has significant right leg pain, has a positive SLR, and has an MRI showing right-sided extrusion at L3-4, an ESI appears indicated. As such, the request is medically necessary.