

Case Number:	CM14-0054129		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2014
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/23/2014

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 47-year-old male with an injury date of 01/11/2014. Based on the 03/11/2014 progress report, the patient complains of back pain with left leg sciatica. He has pain with numbness in his left leg, which goes to the top of his left foot. He ambulates with a limp on the left and continues to have a positive straight leg raise on the left with weakness of the extensor hallucis longus. An MRI completed on 03/06/2014 showed a large central to left foraminal focal disk protrusion measuring 7 mm in AP dimension and 13 mm in the mediolateral dimension. This causes severe left and moderate right-sided narrowing. The patient's diagnoses include the following: 1. Thoracic/lumbar neuritis/radiculitis. 2. Degenerative lumbar/lumbosacral disk. The patient is trying to avoid a lumbar spine surgery and is therefore requesting for a left-sided L4 and L5 transforaminal epidural steroid injection. The utilization review determination being challenged is dated 04/10/2014. The treater has provided treatment reports from 01/11/2014 to 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L4 and L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47).

Decision rationale: According to the 03/11/2014 report, the patient presents with back pain with left leg sciatica. The request is for a transforaminal epidural steroid injection at L4 and L5. The 04/03/2014 report states that the patient previously had an epidural steroid injection at L4-L5 in 2011, which the patient responded well to (no further details provided). The patient continues to have numbness and tingling in his left leg, and upon physical examination, it was found that he has diminished sensation in the left L5 distribution. He also elicits some back pain on the right side when having a straight leg raise. In reference to an epidural steroid injection, MTUS guidelines state, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient presents with left leg symptoms and has an MRI revealing a large central to left foraminal focal disk protrusion. Exam showed positive straight leg raise, and prior injection seemed to help. Given the large disc herniation, a second injection may be appropriate. Therefore, Transforaminal epidural steroid injection L4 and L5 is medically necessary and appropriate.