

Case Number:	CM14-0054821		
Date Assigned:	07/07/2014	Date of Injury:	06/29/2009
Decision Date:	08/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This patient is a 54-year-old male with date of injury of 06/29/2009. Per treating physician's report from 03/03/2014, the interval history is that the patient notes good relief of the symptoms of reflex sympathetic dystrophy of the left leg and foot, and the patient is quite pleased with that, but deep type of aching pain, left thigh, persists which is improved by 30% with the stimulator. Examination showed dysesthesia of the left distal foot and some hypesthesia over the dorsum and calf. [REDACTED] listed diagnoses are: 1. Chronic left L5 radiculopathy with CRPS. 2. Status post L4-L5 and L5-S1 anterior/posterior fusion, decompression, and instrumentation. 3. Status post implantation of dorsal column stimulator. Under treatment and plan, it states that [REDACTED] is considering an epidural steroid injection in the low back, but recommends transforaminal approach. The Utilization Review denial letter is dated 03/19/2014 and it references MRI from 06/12/2012 and an EMG from 10/26/2010 that showed radiculopathy. There is also reference to 10/26/2013 MRI of the lumbar spine that showed retrolisthesis, degenerative disk disease, spondylosis, foraminal stenosis, and central canal stenosis. There is a report by [REDACTED] dated 02/26/2014 with a chief complaint of failed low back pain syndrome, the patient's RSD pain is reduced by 80% to 85%, but explains deep nerve pain which still radiates from low back to legs and feet remains severe for part of each day and has been exacerbated by cold weather. Examination showed antalgic gait, walks with a cane, reduced range of motion, and he listed diagnoses of failed back surgery syndrome with status post L4-L5 and L5-S1 fusion with instrumentation, lumbar radiculopathy, complex regional pain syndrome, spinal cord stimulator implanted on 11/01/2013. This report does not contain any discussion regarding epidural steroid injection. Another report by [REDACTED] is from

12/31/2013. Treatment recommendation was for the patient to continue psychotherapy and to follow up in a month to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection Section, pages 46-47.

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to both lower extremities with a diagnosis of failed back surgery syndrome, status post L4 to S1 fusion and instrumentation. The patient is also status post spinal cord stimulation from year 2011. The current request is for lumbar epidural steroid injection at L5-S1. Despite review of multiple reports from [REDACTED] and [REDACTED], the available reports do not contain the report discussing the request. No request for authorization form is available for review either. Review of 03/03/2014 report by [REDACTED] references [REDACTED] report requesting epidural steroid injection, but again available reports do not include [REDACTED] progress report discussing the request for epidural steroid injection. MTUS Guidelines require a clear diagnosis of radiculopathy defined as dermatomal distribution of pain/paresthesia, positive examination findings, and corroborating imaging findings for nerve root lesion. In this case, despite review of 84 pages of reports, there was no MRI report. None of the examination findings show myotomal, dermatomal, motor/sensory deficits. No straight leg raising test. The patient's leg symptoms do not describe any specific dermatomal distribution. The only reference to MRI is from Utilization Review which talks about spondylosis and spinal stenosis, but the specifics of the MRI findings are not provided for this review. The patient appears to suffer from chronic regional pain syndrome which is a different diagnosis from radiculopathy. Given lack of clear documentation of radiculopathy, discussion regarding MRI findings, and lack of examination findings. The request is not medically necessary.