

Case Number:	CM14-0066040		
Date Assigned:	07/11/2014	Date of Injury:	08/09/2013
Decision Date:	08/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/09/2014

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 Pain Medicine 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 61 year old male who sustained an industrial injury on 8/09/2013, as a result of a fall. The patient underwent a right L4 and L5 transforaminal ESI on 4/01/2014, under fluoroscopy and with epidurogram. Treatment to date has included lumbar ESI on 4/1/2014, medications, physical therapy, and chiropractic. An EMG/NCS study of the bilateral lower extremities performed on 10/21/2013 revealed an abnormal study. There is electrodiagnostic evidence suggestive of advanced peripheral polyneuropathy, likely secondary to diabetes mellitus. Based on the limited EMG study, there is electrodiagnostic evidence suggestive of, but not diagnostic for, left L4-5 radiculopathy. A prior peer review on 4/22/2014 non-certified the requested TFESI of the right L4-L5 x 1. Based on the limited amount of time elapsed since the previous injection and lack of documentation establishing the patient had failed to respond conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), the medical necessity of the request was not established. According to the physiatric occupational report by [REDACTED], dated 4/14/2014, the patient returns status post right L4-5 transforaminal epidural injection on 4/01/2014. He states he is 80% improved. Residual symptoms are still noted however. Some mid back pain is also reported. No new numbness, tingling, or weakness is reported. Physical examination documents normal gait, normal lumbar lordosis, no edema, lumbar range of motion of 75/90 degrees flexion, 10/20 degrees extension, 15/30 rotation, and 30/30 lateral bending. Palpation causes tenderness over the right paralumbar extensors and facet joints and over the right anterior 7th rib. Motor strength is 5/5 of the lower bilateral extremities. Sensory deficit to light touch on right foot, reflexes 0/4 bilaterally, seated SLR is equivocal bilaterally, and facet loading maneuvers positive at the lumbar spine bilaterally. Assessment: 1. Right elbow contusion: resolved. 2. Right anterior seventh rib non-displaced fracture; persistently symptomatic. 3. Right lumbago with associated radiation of pain into the posterior

right lower extremity; differential diagnoses continue to include right lumbosacral radiculopathy radiculitis and right lumbar facet syndrome with superimposed lumbar strain. 4. Peripheral neuropathy secondary to diabetes mellitus. Plan is request for repeat epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI of the right L4-L5 x1 (Transforaminal epidural steroid injection): Upheld

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

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

Decision rationale: The patient received an right L4 and L5 transforaminal epidural steroid injection on 4/1/2014, and according to the 4/14/2014 follow-up, reported 80% reduction in pain. The guidelines state 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 six to eight weeks, which based on how soon a repeat injection has been requested, has not been established in this case. It is also relevant that the medical records do not establish the patient has been unresponsive to conservative treatment, such as exercise, physical methods and medications, which is also a criteria for epidural injections. The medical records do not establish the request is medically necessary. The request is non-certified.