MAXIMUS Federal Services

Case Number:	CM14-0068441		
Date Assigned:	07/14/2014	Date of Injury:	10/01/2007
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 59-year-old male who sustained a work related injury on 10/01/2007 as a result of unloading freight out of a trailer when he hurt his back. Since then he has had a near continuous complaint of lower back pain with associated aching in the right hip and burning sensation in the right foot. His lower back pain and foot burning sensation are at a 6/10 pain intensity. These areas of discomfort worsen during prolonged walking or siting. On examination, the patient has a slight antalgic gait. The range of motion of the lumbar spine is somewhat decreased, primarily because of pain. Right hip range of motion is decreased in flexion and internal rotation. Neurologically, he has a L4 and S1 sensation disturbance on the right with appreciable atrophy of right lower extremity musculature. Motor strength of the right extensor hallucis longus is 4/5 with noted decreased patellar and Achilles reflexes. A lumbar MRI obtained on 09/05/2013 identifies multi-level discogenic disease, most prominent at L4-5, L5-S1 with mild to moderate / moderate to severe neuroforaminal narrowing at the same levels; a 3mm retrolisthesis of L2 on L3 with an associated retrolisthesis by 2mm at both L3-4 and L5-S1 levels. The patient's treatments have included pain medications, physical therapy and a micro lumbar discectomy at L3-4, L4-5 and L5-S1 on 05/01/2012. In dispute is a decision for a Right Lumbar Transforaminal Epidural Steroid injection L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Transforaminal Epidural Steroid injection L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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, with a general recommendation of no more than 4 blocks per region per year". The patient has two level neuroforaminal narrowing with documented L5 myotomal deficiency. The steroid injection should reduce inflammation at both the foramina and L5 nerve root to allow assessment of neurological functioning post-procedure. I find that the requested procedure is medically necessary and meets criteria for performance.