

Case Number:	CM14-0069314		
Date Assigned:	09/18/2014	Date of Injury:	12/29/2009
Decision Date:	10/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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:

This 62 year old patient had a date of injury on 12/29/2009. The mechanism of injury was not noted. In a progress noted dated 4/22/2014, the patient complains of persistent pain in low back with radiation to bilateral lower extremity with tingling/numbness to calf. On a physical exam dated 4/22/2014, lumbar spine motor strength is 5/5/ bilateral lower extremities. There is bilateral + for radicular signs and symptoms at 30 degrees. MRI dated 2/25/2014 demonstrated bilateral severe facet arthropathy, central canal and bilateral lateral recess stenosis. There is left foraminal stenosis. The diagnostic impression shows lumbar disc w/radiculitis, degeneration of lumbar disc, low back pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/6/2014 denied the request for bilateral ESI L4, bilateral ESI L5, stating that the EMG/NCS of the bilateral upper extremities were described as normal in the medical record and do not corroborate radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal ESI Lumbar 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 300

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The lumbar MRI 2/25/2014 demonstrated bilateral severe facet arthropathy, central canal and bilateral lateral recess stenosis at L4-L5. However, the MRI did not show any significant nerve root impingement, but rather more signs consistent with facet disease. Furthermore, there were no findings that demonstrated disc herniation. Lastly, the patients radicular subjective symptoms do not correlate with a specific nerve distribution. Therefore, the request for bilateral ESI at L4 was not medically necessary.

Bilateral transforaminal ESI Lumbar 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 300

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