

Case Number:	CM14-0082217		
Date Assigned:	07/21/2014	Date of Injury:	10/26/2011
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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:

The patient is a 46-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of October 26, 2011. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity with associated numbness and weakness. The pain ranged from 5-9/10 on VAS, relieved by medication and PT. Physical examination of the lumbar spine showed loss of normal lordosis with straightening of the spine; limitation of motion; paravertebral muscle spasm on the left; positive lumbar facet loading bilaterally; positive sitting SLR on the left at 50 degrees; 4/5 strength on the left EHL and ankle dorsiflexor muscles; and decreased light touch sensation over the left L4, L5 and S1 dermatomes. EMG/NCS performed on February 7, 2012 demonstrated evidence of possible early left L4-S1 radiculopathy. Lumbar MRI dated March 27, 2012 revealed grade I retrolisthesis of L3 over L4; L3-L4 central canal stenosis with disc extrusion with mild right and moderate left neural foraminal stenosis; L4-5 central canal stenosis, disc protrusion, annular tear osteophyte, ligamentum flavum hypertrophy, and moderate bilateral neural foraminal stenosis; and L5-S1 central canal stenosis, disc extrusion, osteophyte, and mild bilateral neural foraminal stenosis. The diagnoses were low back pain and lumbar radiculopathy. Treatment to date has included oral and topical analgesics, muscle relaxants and physical therapy. Utilization review from May 27, 2014 denied the request for 1 Lumbar Transforaminal Epidural Steroid Injection at the Left L4, L5 and S1 Levels under Fluoroscopic Guidance. The records submitted failed to show any recent evidence of initiation and failure of conservative care, considering that the patient's last PT was in 2011. There was also no discussion regarding symptomatic and functional response to prior ESIs. Moreover, the requested injections at 3 levels exceeds the guideline recommendation of limitation to 2 anatomical levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Transforaminal Epidural Steroid Injection at the Left L4, L5 and S1 Levels under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unre-sponsive to conservative treatment; no more than two nerve root levels should be injected using transforaminal blocks; and no more than 2 ESI injections. In this case, radiculopathy was documented and corroborated by imaging and electrodiagnostic studies. However, there was no objective evidence of failure of conservative treatment to manage pain. Moreover, the requested 3 nerve root level injection exceeds the guideline recommendation of ESI of no more than two nerve root levels. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 Lumbar Transforaminal Epidural Steroid Injection at the Left L4, L5 and S1 Levels under Fluoroscopic Guidance is not medically necessary and appropriate.