

Case Number:	CM14-0083177		
Date Assigned:	07/21/2014	Date of Injury:	08/27/2013
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
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 Physical Medicine and Rehabilitation 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 28 year-old patient sustained a low back injury on 8/27/13 from trimming a hedge while employed by [REDACTED]. Request(s) under consideration include Transforaminal epidural steroid injection, Right L4-5. Diagnoses include Right L4-5 disc degeneration/ displacement/ radiculopathy. Conservative care has included medications (Ibuprofen, Soma, Medrol Dose pack); physical therapy, and modified activities/rest. It is noted the patient is 5'11", weighed 227 pounds with BMI of 31.66. MRI of the lumbar spine dated 12/27/13 showed 6 mm disc protrusion with disc spac narrowing, moderate central canal narrowing with mild left neural foraminal narrowing at L4-5; 2 mm posterior disc bulge at L5-S1. Report of 4/29/14 from the provider noted the patient with ongoing low back pain rated at 3/10 with some radiation from buttocks down posterior thigh to calf. Exam showed mildly antalgic gait; palpable tenderness of paravertebral muscles bilaterally; intact sensation of light touch and pin prick in bilateral lower extremities; limited lumbar range with flex/ext/lateral bend of 38/12/25 degrees respectively; motor strength of 5/5 bilaterally with negative straight leg raising test bilaterally at 90 degrees. Treatment included pain management consultation, right LESI, and continued medications. Request(s) for Transforaminal epidural steroid injection, Right L4-5 was non-certified on 5/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, Right L4-5: 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 Epidural steroid injections Page(s): 46.

Decision rationale: This 28 year-old patient sustained a low back injury on 8/27/13 from trimming a hedge while employed by [REDACTED]. Request(s) under consideration include Transforaminal epidural steroid injection, Right L4-5. Diagnoses include Right L4-5 disc degeneration/ displacement/ radiculopathy. Conservative care has included medications (Ibuprofen, Soma, Medrol Dose pack); physical therapy, and modified activities/rest. It is noted the patient is 5'11", weighed 227 pounds with BMI of 31.66. MRI of the lumbar spine dated 12/27/13 showed 6 mm disc protrusion with disc spac narrowing, moderate central canal narrowing with mild left neural foraminal narrowing at L4-5; 2 mm posterior disc bulge at L5-S1. Report of 4/29/14 from the provider noted the patient with ongoing low back pain rated at 3/10 with some radiation from buttocks down posterior thigh to calf. Exam showed mildly antalgic gait; palpable tenderness of paravertebral muscles bilaterally; intact sensation of light touch and pin prick in bilateral lower extremities; limited lumbar range with flex/ext/lateral bend of 38/12/25 degrees respectively; motor strength of 5/5 bilaterally with negative straight leg raising test bilaterally at 90 degrees. Treatment included pain management consultation, right LESI, and continued medications. Request(s) for Transforaminal epidural steroid injection, Right L4-5 was non-certified on 5/16/14. There is report dated 6/5/14 from the ortho provider requesting for reconsideration of LESI providing additional information. It was noted the patient has failed conservative treatment that included medications, physical therapy, time, and rest without pain relief. MRI showed right L4-5 disc displacement and he continues with radiation pain symptoms. Since previous evaluation, it is noted his exam now shows decreased sensation of the right thigh radiating to anterior shin with positive straight leg raise on right. The provider's goal is to improve his function, avoid surgery, reduce his pain and medications to allow him to work. The patient was reported to be on modified restrictions. There is correlating MRI report of 12/27/13 with possible impingement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the updated submitted reports. The patient has failed the conservative trial with attempt to avoid surgical intervention; thereby trial of one right L4-5 LESI is medically reasonable and meets guidelines criteria. The Transforaminal Epidural Steroid Injection, Right L4-5 is medically necessary and appropriate.