

Case Number:	CM14-0085823		
Date Assigned:	07/23/2014	Date of Injury:	05/10/2009
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 56-year-old female with date of injury of 05/10/2009. The listed diagnoses per [REDACTED] progress report dated 07/18/2014 are as follows, lumbar disk with radiculitis, degeneration of the lumbar disk, low back pain, Status post laminectomy, foraminotomy and pedicle screws at L4-L5, compression fracture at L1 subacute and chronic at L2 and L3, non-fusion. According to this report, the patient complains of low back and left lower extremity pain. She is status post lumbar transforaminal epidural steroid injection from 06/11/2010 which gave her 70% relief that lasted 2 to 3 months. Then, on June 2011, she had a repeat TFESI that lasted 2 to 3 months that gave her at least 50% relief. She reported little improvement after most recent epidural injection on 10/16/2013. She notes very little improvement in her symptoms following this injection compared to previous injections. The physical exam shows the patient is well developed, well groomed, in no acute distress. There is restricted range of motion in all planes with increased pain in the lumbar spine. Muscle guarding is also noted. Motor strength is 5/5 in the bilateral lower extremities. Sensation is normal to light touch and pinprick along the bilateral lower extremity dermatomes. DTRs are 2+ in the bilateral knees and 2+ in the bilateral ankles. SLR is positive on the left at 30 degrees with proximal thigh symptoms. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

Decision rationale: This patient presents with chronic low back pain and left lower extremity pain. The treating physician is requesting a right L3-L4 transforaminal epidural steroid injection. The MTUS Guidelines pages 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, no more than 2 nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief for 6 to 8 weeks. The one hundred and twenty one pages of records do not document an MRI of the lumbar spine. The report dated 07/18/2014 showed a positive straight leg raise on the left at 30 degrees with proximal thigh symptoms. The patient's 2013 epidural steroid injection did not result in at least 50% pain relief for 6 to 8 weeks. MTUS requires corroborating imaging studies that explains the patient's radicular symptoms. No MRIs were provided for this review, and the treating physician does not discuss it either therefore, this request is not medically necessary.