MAXIMUS Federal Services

Case Number:	CM14-0090947		
Date Assigned:	09/05/2014	Date of Injury:	12/18/2013
Decision Date:	10/02/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The patient is a 56-year-old female with date of injury of 12/18/2013. The listed diagnoses per [redacted] dated 05/08/2014 are:1. Lumbosacral strain.2. Small left foraminal herniation at L4-L5.3. Mild central and left-sided disk bulging at L5-S1.4. Chronic left S1 radiculopathy per report dated 04/01/2014.According to this report, the patient complains of low back with left leg pain. There is pain down the front and back of the left leg to the foot. She also reports numbness, tingling, and burning in the left leg. The records show that the patient underwent a lumbar epidural cortisone injection by [redacted] at left L5-S1, date of which is unknown, without significant therapeutic response. She was also treated by [redacted] Aflatoon and received 3 epidural injections, date of which is unknown, and felt "better after treatment". The physical examination shows the patient is well-developed, well-nourished in no acute distress. Neurologic examination of the lower extremities reveals no motor weakness. Sensory examination reveals diminished sensation to pinprick over the entire left flank. Reflex testing demonstrates knee jerk to be 2 and equal. Straight leg raise is positive on the left at 45 degrees for low back and left leg pain. Patrick's test is positive on the left for left-sided low back pain. Gaenslen's test is positive on the left for left-sided lower back pain. There is lateral tenderness of the paraspinal musculature on the right from L4-S1. The utilization review denied the request on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's). Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Criteria for use of Epidural Steroid Injections

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

Decision rationale: This patient presents with low back pain. The treater is requesting left L4-L5 transforaminal epidural steroid injection. The MTUS Guidelines page 46 and 47 recommends epidural steroid injection as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 02/03/2014 MRI shows a 4-mm disk protrusion and annular tearing in the left neural foramen at L4-L5 causing mild neuroforaminal narrowing. The records show that the patient underwent an LESI (Lumbar epidural steroid injection) at L5-S1 without significant therapeutic response. The patient has had series of three injections in the past with some subjective improvement but it is not known if the patient had lasting functional improvement with medication reduction. Such documentation is not provided. The treater also does not explain why L4-5 injection is indicated when the patient already tried an injection at L5-S1, or why it was done at L5-S1 level when there is pathology at L4-5. MTUS requires at least 50% pain relief with medication reduction before another injection can be considered. Recommendation is for denial.