

Case Number:	CM14-0091142		
Date Assigned:	09/10/2014	Date of Injury:	12/03/2009
Decision Date:	11/03/2014	UR Denial Date:	05/17/2014
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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old male with a work injury dated 12/3/09. The diagnoses include chronic low back pain and lumbar degenerative disc disease. Under consideration is a request for repeat left foraminal epidural injection, lumbar spine (L2-L3). An operative report (8/2/13) indicated the patient underwent a selective nerve root block at left L2, L3 with fluoroscopy. A lumbar spine MRI performed on 03/25/ 13 revealed: (1) L2-L3, 3-mm left paracentral protrusion and annular fissure was present with mild narrowing the central canal, left lateral recess and bilateral foramina. (2) L4-L5, there was mild narrowing the central canal, bilateral foramina and right lateral recess. (3) L3-L4, there was mild narrowing the central canal and bilateral foramina secondary to an annular bulge and facet spurring. 4/30/14 new patient visit states that at the present time, he continues to report severe lower back pain which goes across the lower back worse on the left than right. His pain is primarily at the midline. His lower back pain is rated 8/10 on VAS on average and his left leg pain is rated 4/10 on VAS on average. His left leg pain radiates into the left anterior aspect of the thigh with associated pain radiating down to the superolateral calf. On exam of the lumbar spine, there is tenderness to palpation over the lower lumbar paraspinal muscles from the approximate levels of L2 through L4. There is tenderness to palpation over the lumbar spinous process at the L2 and L3 levels. Lumbar flexion is grossly limited to 40 and was painful, extension is limited to 10, lateral bending to both the left and right is limited to 15 and lateral bending to the left was more painful. Straight leg raise is grossly positive on the left with reproduction of pain into the left anterior thigh and into the lateral calf. On sensory exam, there is significant decreased sensation to pinprick in the left L2 and L3 distributions, there is also some decreased sensation to pinprick in the left anterolateral aspect of the thigh that corresponds with the lateral femoral cutaneous nerve and L3 distribution. Strength

is grossly full in the lower extremities proximally and distally. Deep tendon reflexes are 2+ in the patellae and Achilles bilaterally. Gait is slightly antalgic with weight bearing favored on the right leg, he is able to ambulate without assistance. The provider recommends a left L2-L3 transforaminal lumbar epidural steroid injection / selective nerve root block under fluoroscopic guidance. The provider does not think that the prior caudal epidural steroid injection provided targeted approach to medication to the affected disc level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left foraminal epidural injection, lumbar spine (L2-L3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45.

Decision rationale: Repeat left foraminal epidural injection, lumbar spine (L2-L3) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation is unclear whether this is meralgia paresthetica vs. lumbar radiculopathy. There is no submission or evidence of electrodiagnostic testing. The MRI findings do not reveal significant findings at L2-L3. The documentation is not clear on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks from prior injection. The request for repeat left foraminal epidural injection, lumbar spine (L2-L3) is not medically necessary.