

Case Number:	CM13-0058543		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2012
Decision Date:	12/10/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who was injured on 01/07/2012. He indicated he was at an event when he slipped on coffee. His right leg went down one level bending under his body. He states he did not fall but hurt his hip. The patient underwent right L4, right L5 transforaminal epidural steroid injection on 12/03/2013. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 08/09/2012 revealed multilevel discogenic disease of the lumbar spine with underlying congenitally short pedicles. At L4-5 in particular, combination of severe ligamentum flavum hypertrophy and facet osteoarthritic change, congenitally short pedicles and a mild disc bulge results in severe canal stenosis. Lumbar X-ray revealed generalized degenerative changes, lordosis intact, and no instability/deformity. Osteoarthritic changes right hip joint. Workmans' Comp visit dated 01/20/2014 indicates the patient was evaluated in October 2013 with complaints of right lower extremity sciatica due to severe spinal stenosis primarily at the L4-5 level. He underwent a single right-sided transforaminal epidural injection via a right L4 and L5 transforaminal approach on 12/03/2013. His right leg pain has significantly improved with mild residual complaints and he continues to work on light duties. The patient is overall happy with his progress. Objective findings on exam revealed the patient is able to walk on the heels and toes with antalgic gait. The thoracolumbar area shows normal contour and atrophy is absent. There is no Paralumbar spasm. On palpation of the thoracolumbar spine, there is no tenderness throughout. The range of motion of the spine is limited secondary to pain, 75 percent of normal. Lateral bending causes no pain; extension measures 10 degrees, with mild discomfort; sciatic notch tenderness is absent. His motor strength of the lower extremities

measures 5/5 in all groups bilaterally. His sensation to light touch is decreased on the right at L5. Lower extremity deep tendon reflexes are 2+ and symmetrical bilaterally; seated straight leg raise test is positive on the right, with positive Lesegue's on the right; Greater trochanter tenderness is not present; Sacroiliac joint tenderness is not present. Hip range of motion is full and non-tender; scoliosis is not present; lower extremity pulses are normal and there is no obvious stability. The patient is diagnosed with 1) DDD Lumbar; 2) Lumbar radiculopathy; 3) Arthrosis; 4) Mechanical back pain; and 5) Spinal stenosis of the lumbar. It is recommended that the patient receive a repeat epidural injection. If his sciatic symptoms reoccur, performing a lumbar laminectomy will be necessary at some time in the future. Workmans' Comp visit dated 10/29/2013 reports the patient is in with complaints of lumbar spine pain. On inspection of the lumbar spine, it revealed normal contour and atrophy is absent. There is no Paralumbar spasm noted. On palpation of the thoracolumbar spine, there is tenderness in the region of the right PSIS. He has full range of motion of the spine but with mild discomfort. Lateral bending causes him discomfort. Extension measures 10-20 degrees, with mild discomfort. Motor strength of the lower extremities measures 5/5 all groups bilaterally. His sensation to light touch is intact and equal bilaterally. The lower extremity deep tendon reflexes are 2+ and symmetrical bilaterally. Seated straight leg raise test remains positive on the right. There is no scoliosis present. Lower extremity pulses are normal. The patient is diagnosed with 1) DDD of the lumbar spine; 2) Lumbar radiculopathy; 3) Arthrosis Facet Lumbar; 4) Mechanical back pain; and 5) Spinal stenosis of the lumbar spine. In review of the recommendation, treatment of epidural steroid injections was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection under fluoroscopy at the right L4-L5:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS Guidelines, the criteria for use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing allowed. The guidelines recommend trial of conservative treatment options prior to trial of steroid injections. In addition, the guidelines state that repeat injections should be based on continued objective documented pain and functional improvement with at least 50 percent pain relief with associated reduction in medication use for 6 - 8 weeks. The medical records do not document the percentage of pain relief that the patient obtained and there is no indication that there was an associated reduction in medication use. Based on the lack of efficacy and/or lack of documentation indicating efficacy for the procedure, the medically necessary has not been established and the request is not medically necessary.