

Case Number:	CM14-0179213		
Date Assigned:	11/03/2014	Date of Injury:	07/25/2001
Decision Date:	01/02/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 & 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 female who had a work injury dated 7/25/11. The diagnoses include status post lumbar fusion L5-S1. Under consideration are requests for Lumbar transforaminal steroid injection bilateral L4-S1. There is a 10/9/14 request for authorization that states that the patient has chronic low back pain with bilateral lower extremity radiation and with tingling, numbness and weakness. She is status post lumbosacral fusion. The appeal states that remarkable physical examination findings were noted. The patient was observed to be in moderate distress. Lumbar tenderness was noted upon palpation of the bilateral lumbar paravertebral area and in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine showed flexion at 40 degrees and extension at 10 degrees. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Motor exam showed decreased strength of the extensor muscles along the L4-S1 dermatome in bilateral lower extremities. Straight leg raise with the patient in the seated position and the leg fully extended was positive in the. Straight leg raise test with the patient in the seated position was positive in the bilateral lower extremities for radicular pain at 40 degrees. The appeal states that the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment and is a candidate for L4-S1 transforaminal steroid injections. An MRI of Lumbar Spine with and without contrast dated 4-18-11 reveals significant findings include: 1. L3-4: A 3.8 mm disc bulge which mildly impresses on the thecal sac. 2. Anterior fusion at L5-S1. Metallic susceptibility artifact from the fusion hardware produces distortion artifacts which grossly limits diagnostic evaluation at this level. 3. No abnormally enhancing lesions are identified. A 9/15/14 document states that the patient has had prior lumbar epidural steroid injections with temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal steroid injection bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: Lumbar transforaminal steroid injection bilateral L4-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy (live x-ray) for guidance. A second block is not recommended if there is inadequate response to the first block. The documentation indicates that the patient has had prior lumbar epidural steroid injections with limited response. It is unclear when these prior injections were given and what levels were injected. The guidelines do not recommend additional injections without benefit from the first injection. Additionally the patient's radiculopathy is not corroborated by the imaging studies or electrodiagnostic testing. The request for lumbar Transforaminal steroid injection bilateral L4-S1 is not medically necessary.