

Case Number:	CM14-0190624		
Date Assigned:	11/24/2014	Date of Injury:	05/19/2004
Decision Date:	01/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 52-year-old male with a 5/19/04 date of injury, when he was lying concrete in a house and felt a sharp pain in the back. The injured worker underwent a lumbar spine surgery in 2006. The injured worker was seen on 11/19/14 with complaints of pain in the lower back and in the left knee. Exam findings of the lumbar spine revealed tenderness and spasm of the paraspinals and coccyx, positive facet-loading test bilaterally and positive SLR bilaterally. The sensation to pinprick was slightly decreased at the S1 bilaterally and the muscle strength was 5/5 in the right leg and 4/5 in the left leg. The note stated that the injured worker was "approved for a left L5-S1 LESI and the scheduling was pending." The diagnosis is lumbar radiculopathy, lumbar disc disease and knee pain. An magnetic resonance imaging (MRI) of the lumbar spine dated 10/29/13 revealed multilevel degenerative disc disease; posterior herniated disc at the L5-S1 lateralizing to the left and exerting mass effect against the left S1 nerve root; no high grade spinal stenosis at the L5-S1 level present. Treatment to date: lumbar surgery, 3 LESI, work restrictions, physical therapy and medications. An adverse determination was received on 11/13/14. The request for Transforaminal lumbar epidural injection, bilaterally at L5-S1, with fluoroscopic needle guidance was modified to a left transforaminal lumbar epidural injection at L5-S1 with fluoroscopic needle guidance given that the injured worker did not have significant radicular findings on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection, Bilaterally at L5-S1, with Fluoroscopic Needle Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However the injured worker had radicular symptoms on the physical examination, the nerve root pathology on the right side was not reflected on the imaging study. In addition, the progress note dated 11/19/14 indicated that the injured worker underwent 3 LESI in the past; however the results from the injections were not documented. Lastly, the UR decision dated 11/13/14 certified the request for a left transforaminal lumbar epidural injection at L5-S1 with fluoroscopic needle guidance. Therefore, the request for Transforaminal Lumbar Epidural Injection, Bilaterally at L5-S1, with Fluoroscopic Needle Guidance is not medically necessary.