

Case Number:	CM14-0196097		
Date Assigned:	12/04/2014	Date of Injury:	10/26/2010
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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 60 year old male with the injury date of 10/26/10. Per 10/27/14 physician's report, the patient has low back pain, at 4/10 with medications and 8/10 without medications. His lower back pain "radiates down his lower extremities bilaterally to the level of the hips to the level of the thighs to the level of the knees to the calves to the level of the feet to the level of the toes." "The pain is aggravated by activity, bending, prolonged sitting, standing, turning and twisting. The patient reports difficulty in sleep. "The patient's gait is slow. There is tenderness over spinal vertebral area L4-S1 levels. ROM is moderately limited. Sensitivity in both lower extremities is decreased. SLR in the seated position is positive bilaterally at 45 degrees." The patient has 46% of Oswestry Disability Index which means severe functional disability. The patient is currently working without restrictions. The lists of diagnoses are:1) Lumbar disc displacement2) Lumbar radiculopathy3) Right wrist strain4) Right plantaris tear Per 07/09/14 progress report, the patient continues to have low back pain and discomfort. The patient underwent 3 epidural steroid injections which helped him. The utilization review determination being challenged is dated on 11/06/14. Treatment reports were provided from 07/09/14 to 01/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 transforaminal block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in his lower back and legs bilaterally. The request is for bilateral L4-5 transforaminal block. MTUS pages 46 and 47 state that epidural steroid injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. Per 10/27/14 progress report, "the patient has failed conservative treatment including medications, physical therapy and wishes to proceed with a lumbar epidural steroid injection. The goal of epidural steroid injection is to reduce pain and inflammation, restore ROM and facilitate progress in more active treatment programs and avoid surgery. Therefore, a diagnostic bilateral L4-5, L5-S1 transforaminal epidural steroid injection using fluoroscopy is being requested." "This patient's chronic radicular symptoms are well documented including the physician's diagnosis. However, there is no clear documentation of dermatological distribution. Physical examination does not address positive findings except positive SLR, and there are no MRI findings described showing a potential nerve root lesion. The patient apparently had an ESI in the past as there is a statement, "[ESIs] helped him." But there is no description of how much it helped with what functional benefit to consider a repeat injection. The request is not medically necessary.