

Case Number:	CM14-0198089		
Date Assigned:	12/08/2014	Date of Injury:	04/02/2012
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 63 year old male with an injury date on 4/2/12. The patient complains of low lumbar pain radiating into the leg per 10/30/14 report. The patient feels he is "losing my ability to walk" per 10/9/14 report, and his condition is deteriorating. The patient received "some relief" from prior epidural steroid injection (unspecified), and is planning another epidural steroid injection at L4-5, as well as a possible lumbar fusion in the future per 10/30/14 report. X-rays did not show any gross instability on last visit, but MRI of L-spine on 10/24/14 showed multilevel degenerative disc disease with significant findings at L4-5, with moderate/severe spinal stenosis and neural foraminal narrowing, worse on left side per 10/30/14 report. As reports dated 10/9/14 to 10/30/14 provided by treating physician do not include a diagnosis, the QME dated 7/28/14 was consulted for the following clinical impressions: 1. s/p anterior cervical discectomy and fusion with instrumentation C5-6 still convalescing 2. s/p bilateral carpal tunnel with residual 3. Bilateral posterior shoulders/mid-back pain with myofascial tenderness A physical exam on 10/30/14 showed "T-spine range of motion is limited with extension at 10 degrees. Straight leg raise positive on left, negative on right. Motor exam was normal in all major muscle groups of lower extremities. Achilles' reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident." The patient's treatment history includes medications, epidural steroid injection (unspecified), lumbar surgeries (discectomy/fusion). The treating physician is requesting lumbar epidural steroid injection L4-5 with fluoroscopy. The utilization review determination being challenged is dated 11/11/14 and denies request due to lack of neurological deficit findings, and does not mention a prior epidural steroid injection. The requesting physician provided treatment reports from 10/9/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection L4-5 with fluoroscopy: Overturned

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

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

Decision rationale: This patient presents with lower back pain, leg pain. The treater has asked for Lumbar Spine Epidural Steroid Injection L4-5 With Fluoroscopy on 10/30/14 as "it is likely his symptoms are emanating from his L4-5 level." Review of prior reports and the utilization review letter do not specify the location of the prior epidural steroid injection. An MRI dated 10/24/14 showed "2mm disc bulge at T12-L1, a 2mm disc bulge at L2-3, a 2mm disc bulge at L3-4, and a 2mm disc bulge at L4-5 with moderate facet arthropathy, resulting in severe spinal stenosis and neural foraminal narrowing." Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has radiating leg pain, MRI showing severe spinal stenosis at L4-5, and diminished reflexes of the Achilles' tendon. There was also a positive straight leg raise on the left side (negative on the right). The requested lumbar epidural steroid injection L4-5 with fluoroscopy is medically necessary.