

Case Number:	CM14-0209856		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2008
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 female who has submitted a claim for postlaminectomy syndrome of the lumbar region with degenerative disc disease of the lumbar spine and myelopathy associated with an industrial injury date of 2/7/2008. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity associated with weakness, numbness and tingling sensation. Aggravating factors included sitting, standing, lying down and walking. Physical examination showed tender paralumbar muscles, positive straight leg raise at the left, weak left ankle plantarflexor / dorsiflexor, diminished sensation at left L3 to L5 dermatomes, and hyporeflexia of left ankle. The EMG of bilateral lower extremities from 11/10/2014 showed left S1 radiculopathy. The MRI of the lumbar spine, dated 12/1/8/2014, demonstrated severe degenerative disc changes at L3-L4 with 3-4 mm disc protrusion impinging upon the thecal sac and right foraminal stenosis. At L5-S1, there was a 3 mm broad-based disc protrusion impinging upon the anterior aspect of the thecal sac and narrowing of the left neural foramen. Treatment to date has included L4-L5 laminectomy and spinal fusion on 8/26/2010, removal of internal bone stimulator on 6/28/2011, transforaminal epidural steroid injection, medications, physical therapy and chiropractic care. The utilization review from 12/4/2014 denied the request for thoracic epidural steroid injection (TESI) at L3-4 & L5-S1 on left because of no evidence of significant functional improvement from previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Steroid Injection (TESI) at L3-4 & L5-S1 on left: 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: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient complained of low back pain radiating to the left lower extremity associated with weakness, numbness and tingling sensation. Aggravating factors included sitting, standing, lying down and walking. Physical examination showed tender paralumbar muscles, positive straight leg raise at the left, weak left ankle plantarflexor / dorsiflexor, diminished sensation at left L3 to L5 dermatomes, and hyporeflexia of left ankle. The EMG of bilateral lower extremities from 11/10/2014 showed left S1 radiculopathy. The MRI of the lumbar spine, dated 12/1/8/2014, demonstrated severe degenerative disc changes at L3-L4 with 3-4 mm disc protrusion impinging upon the thecal sac and right foraminal stenosis. At L5-S1, there was a 3 mm broad-based disc protrusion impinging upon the anterior aspect of the thecal sac and narrowing of the left neural foramen. The patient underwent previous transforaminal epidural steroid injection however treatment response was not documented. Data concerning percentage and duration of pain relief from previous ESI are needed to determine the medical necessity for a repeat injection. Therefore, the request for a thoracic epidural steroid injection (TESI) at L3-4 & L5-S1 on left is not medically necessary.