

Case Number:	CM14-0023342		
Date Assigned:	06/11/2014	Date of Injury:	12/19/2004
Decision Date:	04/15/2015	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/25/2014

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. 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 & Rehabilitation

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 55-year-old male reported a work-related injury on 12/19/2004. According to the progress notes from the treating provider dated 1/12/15, the injured worker (IW) reports his low back and leg pain is getting better since bilateral L4 and L5 transforaminal epidural steroid injections on 11/26/14. Diagnoses include lumbosacral radiculopathy with L4-5 and L5-S1 disc disease; mid-back pain with likely thoracic disc disease and cervical radiculopathy. Previous treatments were listed as medications, physical therapy, chiropractic, acupuncture, gym membership with pool, TENS and epidural steroid injections. The treating provider requests bilateral L4-5 transforaminal epidural steroid injections. The Utilization Review on 02/24/2014 non-certified the request for bilateral L4-5 transforaminal epidural steroid injections. References cited were CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 TRANSFORAMNAL EPIDURAL STEROID INJECTION:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient was injured on 12/19/2004 and presents with low back pain and leg pain. The request is for a bilateral L4-L5 transforaminal epidural steroid injection. The RFA is not provided and the patient's work status is not known. The patient had a prior bilateral L4 and L5 transforaminal epidural steroid injection on 11/26/2014. "He notes that the pain has remained reduced approximately 60% as a result of the injections. He notes that his capacity for activities of daily living has remained increased, and his tolerance for standing and walking has remained more than doubled as a result of the decreased pain" This information was taken from the 01/12/2015 progress report. Regarding the epidural steroid injections, MTUS page 46 - 47 has the following criteria under its chronic pain section: Radiculopathy must be documented by physical examination and corroborative imaging studies and/or electrodiagnostic testing. "In the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." The 08/27/2010 MRI of the lumbar spine indicates that at L4-L5, the patient has mild to moderate broad-based disk bulge and far lateral broad-based protrusions with mild to moderate posterior element hypertrophic changes and moderate posterior epidural lipomatosis. There is mild right lateral recess stenosis. The utilization review denial rationale is that there is no "objective documentation showing the patient's decreased pain levels and increased functional improvements." In this case, the patient did have a prior ESI at L4-L5 on 11/26/2014. The patient has an antalgic gait, a limited lumbar spine range of motion, moderately tender to pressure bilaterally paraspinaly at L5-S1, positive straight leg raise on the right with localizing to moderate low back pain and moderate right leg pain, a positive straight leg raise on the left, localizing to moderate low back pain and moderate left leg pain, decreased sensation over the right S1 and the left L5 and S1 dermatomes, positive for muscle tightness in the upper lumbar to mid thoracic region bilaterally. The patient is diagnosed with lumbosacral radiculopathy with L4-L5 and L5-S1 disk disease, midback pain with likely thoracic disk disease, and cervical radiculopathy. MTUS requires at "least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, the 01/12/2015 report documents that the patient had at least 60% improvement as a result of the injections. He was able to increase his activities of daily living and have a higher tolerance for standing/walking. The treater has documented clear a dermatomal distribution of pain, which is corroborated by an imaging and an examination demonstrating radiculopathy. Therefore, the requested L4-L5 transforaminal epidural steroid injection is medically necessary.