

Case Number:	CM14-0091032		
Date Assigned:	09/10/2014	Date of Injury:	02/17/2014
Decision Date:	02/04/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 35 year old male with an injury date of 02/17/14. Based on the progress report dated 05/28/14, the patient complains of pain in the lumbar spine along with loss of motion. There is decreased sensation in the left L4-5 and L5-S1 region. As per progress report dated 05/07/14, the patient suffers from severe low back pain and left lower extremity pain with numbness, tingling and weakness. The pain, rated at 5-10/10, increases with physical activity and thereby, interferes with activities of daily living. Physical examination reveals painful and limited range of motion with flexion at 20, extension at 0, right lateral bending at 15, left lateral bending at 5, and bilateral rotation at 20 degrees. There is pain on the spinous processes at L4-5 and L5-S1 in the midline. There is 2+ pain on left L3-4, L4-5, and L5-S1 facets and 1+ pain on the right L3-4, L4-5 and L5-S1 facets. There is severe muscle spasm from T10 to L5 along with positive facet loading, more on left than right. Lasegue's test and Patrick Fabere's test are positive bilaterally while the straight leg raise is positive on the left. There is decreases sensation to pinprick in L4, L5 and S1 dermatomes, more towards the left. The patient has an abnormal gait favoring the left lower extremity. In progress report dated 04/24/14, the patient rates his pain as 9/10. Physical examination reveals tenderness in the thoracolumbar spine and paravertebral musculature. Medications, as per progress report dated 05/07/14, include Norco, Flexeril, Naproxen, Flurbiprofen/Cyclobenzaprine, and Gabapentin/Amitriptyline. The patient has been allowed to return to modified work, as per progress report dated 04/24/14. CT scan of the Lumbar Spine, 04/18/14, as per progress report dated 05/07/14:- Disc bulge at L5/S1 with a superimposed left paracentral/foraminal disc protrusion that appears to encroach on the left S1 nerve root in the lateral recess and on the left L5/S1 neural foramen.- Mild disc bulge at L4-5 with possible central disc extrusion extending slightly below the level of the disc space and mildly narrowing the thecal sac MRI of the Lumbar Spine, 05/13/14:- 3 mm posterior disc bulge

at L3-4, 5 mm at L4-5, and 7- 8 mm disc protrusion at L5-S1 with central canal narrowing that is mild to moderate at L4-5 and severe at L5-S1- Bilateral neural foraminal narrowing which is moderate on the left and mild on the right at L4-5; and severe on the left and moderate to severe on the right at L5-S1 Diagnoses, 05/28/14:- Lumbosacral sprain/strain- Lumbar sprain/strain- Sciatica The treater is requesting for TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION LEFT LUMBAR 5 - SACRAL 1 UNDER FLOUROSCOPIC GUIDANCE. The utilization review determination being challenged is dated 06/04/14. Treatment reports were provided from 03/03/14 - 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steriod Injection left Lumbar 5-Sacral 1 under fluoroscopic guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI under chronic pain section Page(s): 46 and 47.

Decision rationale: The patient presents with severe low back pain and left lower extremity pain with numbness, tingling and weakness, as per progress report dated 05/07/14. The request is for transforaminal lumbar epidural steroid injection left lumbar 5 - sacral 1 under fluoroscopic guidance. The pain, rated at 5-10/10, increases with physical activity and thereby, interferes with activities of daily living, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain." The MTUS has the following criteria regarding ESI's, under its chronic pain section: Pages 46 and 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." A review of the available progress reports does not reveal prior ESI. In progress report dated 05/07/14, the physician states that the patient has "severe symptoms and signs of compression of the nerve roots especially the L5 and S1." The physician is, therefore, recommending left transforaminal ESI at L5-S1 to "treat the left lower extremity radiculopathy." The physician also states that the patient "needs to have the epidural steroid injection to avoid any persistent inflammation and permanent damage." An EMG report, dated 05/13/14, indicates denervation in left L4-5 and left sided L5-S1 innervated muscles which can be seen in left L4-5 and L5-S1 radiculopathy. MRI of the lumbar spine, dated 05/13/14, reveals severe central canal and neural foraminal narrowing at L5-S1 on the left. Given the patient's significant leg symptoms, physical examination, and results of the MRI and EMG studies, a trial of ESI appears reasonable. This request is medically necessary.