

Case Number:	CM15-0005412		
Date Assigned:	01/16/2015	Date of Injury:	04/11/2002
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/10/2015

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:

The injured worker is a 38 year old male with an industrial injury dated 4/11/2002. The diagnoses included post lumbar laminectomy syndrome, disorders of the sacrum and sciatica and past spinal surgeries 2003 and 2005 followed by hardware removal. The diagnostics included x-rays and magnetic resonance imaging. The treatments were medications, spinal surgeries and facet joint injections. The treating provider's progress note described continuation of low back pain radiating down the bilateral legs and left greater than right with numbness and tingling in the right leg with increased weakness to the left leg. The UR determination denied request on 12/22/2014 for: 1. Bilateral transforaminal lumbar epidural steroid injections with fluoroscopic Guidance and Contrast dye, citing MTUS Chronic Pain Treatment Guidelines, ACOEM, Low Back Chapter and ODG 2. Lumbar epidurogram with intravenous sedation, citing Journal of Anesthesia Clinical Pharmacology 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal LESI at L3-L4 and L5-S1 with Fluoroscopic Guidance and Contrast Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities, left greater than right. The patient also complains of numbness and tingling in his right lower extremity and some weakness in the left lower extremity. This is a request for bilateral transforaminal LESI at L3-L4 and L5-S1 with fluoroscopic guidance and contrast dye. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section pages 46 and 47, 'Recommended as an option for treatment for radicular pain to find his pain in the dermatomal distribution with corroborated findings of radiculopathy.' Review of the MRI of the lumbar spine dated 10/08/2014 revealed at L3-L4 bilateral facet joint hypertrophic changes resulting in mild narrowing of the central spinal canal and 2-mm central disk protrusion; and at level L5-S1 there is minimal bilateral posterolateral marginal spurring and mild right neuroforaminal narrowing. In this case, MRI findings do not corroborate the patient's lower extremity complaints. The requested epidural steroid injection IS NOT medically necessary.

Lumbar Epidural with IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities, left greater than right. The patient also complains of numbness and tingling in his right lower extremity and some weakness in his left lower extremity. The current request is for lumbar epidural with IV sedation. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section pages 46 and 47, 'Recommended as an option for treatment for radicular pain to find his pain in the dermatomal distribution with corroborated findings of radiculopathy.' Review of the MRI of the lumbar spine dated 10/08/2014 revealed at L3-L4 bilateral facet joint hypertrophic changes resulting in mild narrowing of the central spinal canal and 2-mm central disk protrusion; and at level L5-S1 there is minimal bilateral posterolateral marginal spurring and mild right neuroforaminal narrowing. In this case, MRI findings do not corroborate the patient's lower extremity complaints. The requested epidural steroid injection IS NOT medically necessary.