

Case Number:	CM15-0133259		
Date Assigned:	07/21/2015	Date of Injury:	11/15/2000
Decision Date:	08/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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 55 year old male, who sustained an industrial injury on 11/15/2000. Diagnoses have included piriformis syndrome, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyography (EMG), a home exercise program and medication. According to the progress report dated 5/20/2015, the injured worker complained of low back pain radiating down both legs. He rated his pain with medications as eight out of ten and without medications as ten out of ten. He reported having increased back pain like an electric shock down the back of his legs. The injured worker had an antalgic, slow gait. Lumbar range of motion was restricted and painful. On palpation of the paravertebral muscles, there was hypertonicity, spasm, tenderness, tight muscle bands and a trigger point was noted on the right side. Lumbar facet loading was positive on both sides. Straight leg raise was positive on both sides. Light touch sensation was decreased over the lateral foot, medial foot, lateral calf and lateral thigh on the left side. It was noted that the injured worker had a previous epidural injection in 2012, which decreased his leg pain greater than seventy percent for over three months. Authorization was requested for a lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at left L3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The patient was injured on 11/15/00 and presents with back pain radiating from the lower back down both legs. The request is for a Lumbar Transforaminal Epidural Steroid Injection at left L3. The utilization review rationale is that "the patient has not yet failed conservative treatment options". The RFA is dated 04/02/15 and the patient is permanent and stationary. The patient had a prior ESI in 2012; however, the levels of this injection and the results of this injection are not provided. The 03/03/11 MRI of the lumbar spine revealed interval development of mild central stenosis at L3/4 due to disc bulging, facet hypertrophy, and ligamentum flavum prominence. At L2-3, there is disc deterioration with mild bulging. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." The patient has a limitation of motion of the lumbar spine, back pain, joint pain, antalgic gait, is assisted by a cane, on palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band, a positive lumbar facet loading, a positive straight leg raise on both sides, a positive FABER test, trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right. He is diagnosed with piriformis syndrome, lumbar radiculopathy, and post lumbar laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyography (EMG), a home exercise program and medication. Given the patient's clear radicular symptoms, exam findings, and MRI findings, a trial of lumbar ESI appears reasonable. The request is medically necessary.