

Case Number:	CM15-0135232		
Date Assigned:	07/23/2015	Date of Injury:	07/08/2014
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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 54 year old male, who sustained an industrial injury on 7/08/2014. He reported acute low back pain when walking down stairs. Diagnoses include lumbar strain with Radiculopathy, anterolisthesis, and spondylolisthesis, status post lumbar fusion. Treatments to date include anti-inflammatory, physical therapy, and a cortisone injection to the right hip. Currently, he complained of low back pain with radiation to the right lower extremities associated with weakness and giving out. On 6/5/15, the physical examination documented lumbar tenderness and decreased sensation to the right thigh. The treating diagnoses included junctional stenosis with radiculitis, status post lumbar fusion. The plan of care included transforaminal epidural steroid injection under fluoroscopy to the right L3-L4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 transforaminal epidural steroid injection with fluoroscopy QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: This patient presents with low back pain with radiation to the right lower extremities associated with weakness and giving out. The current request is for Right L3-4 transforaminal epidural steroid injection with fluoroscopy QTY: 1. The RFA is dated 06/29/15. Treatments to date included lumbar fusion L4-5 on July 2010, anti-inflammatory, physical therapy, and a cortisone injection to the right hip. The patient is not working. MTUS page 46, 47 states that an ESI is Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of Radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. According to progress report 06/5/15, the patient presents with low back pain with radiation to the right lower extremities associated with weakness and giving out. The physical examination documented lumbar tenderness and decreased sensation to the right buttocks and down the thigh. MRI of the lumbar spine from 05/15/15 demonstrated satisfactory post-operative appearance at L4-5. Disc protrusion at L3-4 that narrows the thecal sac, and moderate central canal stenosis. The treater states that the patient is a good candidate for a transforaminal injection to the L3-4 on the right to manage his low back and right leg pain. The medical records provided for review do not indicate prior ESI to L3-4. Given the patient's back and leg pain with decrease sensation and moderate stenosis detected at the L3-4 level on the MRI, an ESI trial at this juncture is supported by MTUS. This request is medically necessary.