

Case Number:	CM15-0030123		
Date Assigned:	02/23/2015	Date of Injury:	07/18/2011
Decision Date:	04/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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 63-year-old male, who sustained an industrial injury on 7/18/2011. He has reported a fall getting out of a truck resulting in hip/leg, abdominal, and back pain. The diagnoses have included lumbar neural foraminal lateral recess stenosis, lumbar radiculopathy, degenerative disc disease, lumbar disk bulge, annular tear L3-L4, facet arthropathy, labral tear left hip, degenerative joint disease, chronic pain syndrome and depression. Magnetic Resonance Imaging (MRI) of left hip from 11/17/14, significant for labrum tear left hip, small cyst left hip, and moderate degenerative joint disease. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, left hip steroid injections, and on 7/15/14, underwent a steroid epidural injection to L4 and L5 documented as unsuccessful for relieving symptoms. Currently, the IW complains of low back pain, lower extremity pain and hip pain. Physical examination from 2/17/15 documented tenderness with palpation of lumbar paraspinous muscles, decreased Range of Motion (ROM), and left hip/groin pain with internal and external rotation of the left hip. The provider documented a request for authorization for steroid injection left L2 and L3 due to clinical presentation despite prior conservative treatment. On 1/14/2015 Utilization Review non-certified a Transforaminal Epidural Injection at left L2, L3, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of Transforaminal Epidural Injection at left L2, L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection at left L2, L3 (outpatient): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

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

Decision rationale: This patient presents with lower back pain, lower extremity pain, and hip pain. The treater has asked for TRANSFORAMINAL EPIDURAL INJECTION AT LEFT L2-3, OUTPATIENT on 1/6/15. The patient's lower back pain radiates to his left buttock and lateral thigh per 1/6/15 report. A physical exam on 1/6/15 showed a painful internal/external rotation with pain produced in left groin on exam of left hip. Review of the reports do not show any evidence of an epidural steroid injection at left L2-3 being done in the past. The patient did have an epidural steroid injection at left L4-5 which did not give much improvement per 1/6/15 report. An MRI dated 11/14/11 showed "a diffuse disc protrusion at L2-3 producing mild bilateral lateral recess stenosis and moderate left > right neuroforaminal stenosis. At L4-5, a diffuse disc protrusion producing moderate left > right neuroforaminal stenosis. Grade 1 retrolisthesis L1-2, L2-3 and Modic type 2 degenerative endplate changes at L3-4" per 1/6/15 report. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has chronic back pain with radicular symptoms into the left buttock/hip/groin/thigh area, and a physical exam also showed pain in the left hip upon flexion/extension. A lumbar MRI confirms a diffuse disc protrusion at L2-3. The patient's previous ESI was at L4-5 level and has not had an injection at L2-3 level. The patient does present with groin pain which may be due to upper lumbar radiculopathy from L2-3 disc protrusion/stenosis. It may be reasonable to try an ESI at this level. The request appears in accordance with MTUS guidelines. The requested epidural steroid injection at left L2-3 IS medically necessary.