

Case Number:	CM15-0048180		
Date Assigned:	03/20/2015	Date of Injury:	08/16/2006
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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 was a 64-year-old male, who sustained an industrial injury, August 16, 2006. The injured worker previously received the following treatments Norco, Tizanidine, Lidocaine Patches, Celebrex, lumbar spine MRI, electrical stimulation, chiropractic services, therapeutic exercises and mechanical traction. The injured worker was diagnosed with chronic back pain with radiculopathy, lumbar DDD (degenerative disc disease), lumbar stenosis, back pain, lumbar radiculopathy, central spinal stenosis and lumbosacral spondylosis without myelopathy. According to progress note of March 3, 2015, the injured workers chief complaint was low back pain with radiation of pain down the bilateral lower extremities left greater than the right. The pain was aggravated by lifting and walking more than 10-15 minutes before having to stop. The physical exam noted lumbar spine pain with palpation L2-L5 paraspinous area. The straight leg raises positive on the left. The treatment plan included left transforaminal epidural steroid injection L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) transforaminal epidural steroid injection L3-4, L4-5: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 6/10 with radiation of pain down the bilateral lower extremities, left greater than the right. The request is for L TRANSFORAMINAL EPIDURAL STEROID INJECTION L3-L4 AND L4-L5. The RFA provided is dated 03/03/15. Patient's diagnosis included chronic back pain with radiculopathy, lumbar DDD (degenerative disc disease), lumbar stenosis, back pain, lumbar radiculopathy, central spinal stenosis and lumbosacral spondylosis without myelopathy. The physical exam noted lumbar spine pain with palpation L2-L5 paraspinous area. The straight leg raise was positive on the left. Per progress, report dated 02/26/15 Lumbar MRI study on 02/21/15 revealed: at L3-4, 2mm disc bulge resulting in central spinal stenosis; the canal measures 12 mm. At L4-5, a 2mm in depth broad-based posterior disc bulge and facet hypertrophy resulting in narrowing of the neural foramina bilaterally; the canal measures 14mm. Patient's treatments included a left L5-S1 ESI on 06/16/14, which provided 50% pain relief. The patient was able to be more active and go to his grandkids ball games and generally felt better. The patient is disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Treater is requesting left transforaminal epidural steroid injection L3-L4 and L4-L5. Review of the medical records provided did not show prior injections at the levels currently being requested. The patient appears to demonstrate evidence of radicular pain confirmed by subjective complaints and physical examinations; however, radiculopathy is not corroborated by imaging studies or electrodiagnostic testing specific to the levels being treated. There is no clear discussion regarding a potential nerve root lesion. Only 2 mm bulging discs are described which is normal. The patient apparently has had ESI from 6/16/14 with 50% reduction of pain, but no duration of relief, functional improvement with medication reductions are documented. Repeat injection is not supported without a clear documentation of its results including functional gain and medication reduction. The request IS NOT medically necessary.