

Case Number:	CM14-0114394		
Date Assigned:	09/18/2014	Date of Injury:	10/19/2012
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male with an injury date of 10/19/12. Based on 06/30/14 progress report provided by [REDACTED], the patient has low back pain rated 6/10 that goes down left leg. Physical examination reveals tenderness to palpation at lower left lumbar and left buttock. There is weakness at left extensor hallucis longus muscle. Sensation was decreased to pinprick in the L4, L5 and S1 nerve distribution. Straight leg raise was positive on the left lower extremity. Lumbar range of motion was limited and painful. MRI of the Lumbar Spine 10/29/12 - L4-L5: diffuse annular disc bulge and facet ligamentous hypertrophy. Moderate central canal narrowing and narrowing of the lateral recesses, moderate bilateral foraminal narrowing. EMG of lower extremity per provider report dated 06/30/14 - L4-L5 mild nerve irritation without radiculopathy. Diagnosis 06/30/14, recurrent left low back pain with left L4-L5 radicular pain, secondary to lumbar degenerative disc disease and neuroforaminal stenosis with radiculitis. Symptom resolves status post TFESI for 7 weeks, lumbar facet arthropathy, weakness and paresthesias in left foot, secondary to lumbar nerve irritation. Per progress report dated 06/30/14, patient has had the procedure at the L4-L5 level on 09/13/13 and 05/09/14. On 02/05/14, injection was performed on L4-L5 and L5-S1. He was able to stop all medication following 02/05/14 procedure. On 04/11/14, patient states to have pain down left leg again, and leg symptom almost resolving after 05/09/14 procedure. Patient's function level and sleep increased, and patient was able to stop medications. He takes Naprosyn for the pain, but prefers epidural steroid injection. He also takes Neurontin and Meloxicam. [REDACTED] is requesting Left L4 and L5 transforaminal epidural steroid Injection under Fluoroscopy. The utilization review determination being challenged is dated 07/09/14. The rationale is "radiculopathy is not corroborated by imaging studies. Furthermore, the patient underwent a total of 3 epidural steroid

injections." [REDACTED] is the requesting provider, and he provided treatment reports from 10/29/12 - 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 & L5 Transforaminal Epidural Steroid Injection Under Fluoroscopy: Overturned

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

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

Decision rationale: The request is for Left L4 and L5 Transforaminal Epidural Steroid Injection Under Fluoroscopy. Patient diagnosis includes recurrent left low back pain with left L4-L5 radicular pain, secondary to lumbar degenerative disc disease and neuroforaminal stenosis with radiculitis. MRI dated 10/29/12 shows mild central canal and foraminal narrowing at L4-L5 level. Per progress report dated 06/30/14, patient has had the epidural steroid injection at the L4-L5 level, and was able to stop all medication following 02/05/14 procedure. On 04/11/14, patient states having pain down left leg again, and leg symptom almost resolving after 05/09/14 procedure. Patient's function level and sleep increased, and patient was able to stop medications. Patient's pain and symptoms resolve for 7 weeks following transforaminal lumbar steroid injections. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." Provider has documented that patient's pain and symptoms resolve for 7 weeks following transforaminal lumbar steroid injections. The patient unfortunately has return of the symptoms. MTUS allows up to 4 blocks per year and the request appears reasonable. Recommendation is for authorization.