

Case Number:	CM14-0117212		
Date Assigned:	09/19/2014	Date of Injury:	10/05/1992
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 60-year-old female who reported an injury on 10/05/1992 due to an unknown mechanism. Diagnosis was status post lumbar laminectomy/discectomy with acute exacerbation of the lumbar spine. An MRI of the lumbar spine revealed at the L4-5 no definite pars defects were identified. However, these were not totally ruled out and this could be further evaluated with CT scan of the lumbar spine if clinically desirable and appropriate. Also noted were a 4 to 5 mm pseudo and/or true posterior disc protrusion with encroachment on the thecal sac and foramina. There was acquired canal stenosis contributed by hypertrophy of the posterior elements. There was acquired bilateral foraminal stenosis. There was compromise at the transversing and exiting nerve roots bilaterally. There were arthritic changes in the facet joints bilaterally. At the L5-S1, there was a 60% decrease in the height of the disc which was dehydrated and a 3 to 4 mm posterior disc bulge with encroachment on the epidural fat and foramina bilaterally. There was compromise of the exiting nerve roots bilaterally, right greater than left. The facet joints were arthritic. There was a 2 to 3 mm anterior disc protrusion. Physical examination on 07/09/2014 revealed complaints of increased low back pain that radiated down the left leg. The patient was rated 9/10. Examination of the lumbar spine revealed range of motion was decreased for flexion was to 30 degrees, extension was to 10 degrees, lateral bending right was to 15 degrees, left was to 20 degrees. There was a positive straight leg raise at 30 degrees on the left and 50 degrees on the right for neurotension signs. A grade 4/5 sensory deficit left L5-S1 nerve root and +1 weakness dorsiflexion left big toe were also demonstrated. The treatment plan was for bilateral L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The decision for bilateral L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance is medically necessary. The California Medical Treatment Utilization Schedule guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or diagnostic testing, and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The guidelines recommend for repeat epidural steroid injections, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a positive straight leg raise. There was a sensory deficit at the left L5-S1 nerve root. The clinical information submitted for review does provide evidence to justify a bilateral L4-5, L5-S1 transforaminal epidural injection under fluoroscopic guidance. This request is medically necessary.