

Case Number:	CM14-0128137		
Date Assigned:	09/23/2014	Date of Injury:	11/15/2011
Decision Date:	10/22/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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:

This is a 54 year old female with a 11/15/11 injury date. The mechanism of injury was not provided. In a 9/9/14 follow-up, subjective findings included 6/10 lower back pain, left hip, and left lateral thigh pain. Objective findings included slight antalgic gait, ability to heel and toe walk, decreased lumbar ROM due to pain, positive SLR on the left side, 5/5 strength throughout except for left hip flexion which was 4/5, and no sensory/reflex abnormalities. A 5/16/14 lumbar MRI showed L3-4 broad-based disc protrusion with bilateral foraminal stenosis, L4-5 stable grade I anterolisthesis, interbody prosthesis fusion with posterior decompression, and L5-S1 broad-based disc protrusion. The patient previously had a lumbar epidural steroid injection (ESI) at right L4 and left L5 on 8/29/13, but there was no documentation afterwards of at least 50% pain relief, functional benefit, or reduction in medication use. Diagnostic impression: lumbar facet hypertrophy, lumbar radiculopathy. Treatment to date: medication, epidural steroid injections (ESI), physical therapy, s/p L4-5 laminectomy and posterior fusion (8/29/12) with revision fusion (10/28/13). A UR decision on 8/6/14 denied the request for left L3 and L4 transforaminal epidural steroid injection (ESI) under fluoroscopy on the basis that there were minimal documented findings consistent with radiculopathy, and previous ESI's did not show documented 50% benefit for at least 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3 and L4 Transforaminal Epidural Steroid Injection Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS) Page(s): 45,46 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, there are no objective signs on physical exam of motor weakness, sensory deficits, or reflexopathy at nerve root levels L3 or L4 that would support the diagnosis of radiculopathy. In addition, there are no available electrodiagnostic studies and the latest MRI does not show clear-cut evidence of nerve root impingement. There was not clearly documented pain relief of at least 50% with functional improvement and decreased pain medication usage after the last lumbar ESI. The medical necessity of the requested procedure is not established at this time. Therefore, the request for Left L3 and L4 Transforaminal Epidural Steroid Injection Under Fluoroscopy is not medically necessary.