

Case Number:	CM14-0133312		
Date Assigned:	08/22/2014	Date of Injury:	11/10/2006
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 Pain Medicine and is licensed to practice in Texas. 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 46 year old male who sustained an industrial injury on 11/10/2006. He underwent L4-5 and L5-S1 fusion in October 2013. He has ongoing low back and lower extremity pain complaints. A prior peer review on 8/14/2014 recommended non-certification of the request for ongoing treatment and modified the request for left L4-5 TFESI followed two weeks later right TFESI, to certify left L4-5 transforaminal epidural steroid injection only. The 2/13/2014 lumbar CT with contrast (compared to prior 12/13/2012 lumbar CT myelogram study) reveals 1. Postoperative changes at L4-5 and L5-S1 with good anatomic alignment. 2. No interval change in appearance of the non-treated intervertebral disc spaces. 3. Note is made of hypertrophic change and spurring at T11-T12 facets. According to the 6/10/2014 PTP progress report, the patient is seen for chronic lumbar spine pain. He complains of severe low back pains and severe nerve pains down the leg. He has been trying to do a pool program. Current medications are Nuvigil, lansoprazole, Lyrica, senna laxative, tizanidine, Cymbalta, Naprosyn, Norco and Butrans patch. Physical examination documents antalgic and slowed gait, normal sitting posture, wide based stance, restricted ROM, tenderness, negative facet loading and Fabere, positive SLR sitting on both sides at 95 degrees, and mild weakness of left KF, DF, and PF. Plan is continue Lyrica, add Naprosyn, and increase Butrans and Norco dosage. The 8/5/2014 progress note indicates the patient has been referred for LESI. He rates his pain 7/10, described as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, and spasms. Pain is aggravated by activities and mildly alleviated with lying down. Current medications are Lyrica, Norco, Cymbalta, and Butrans transdermal ER patch. Physical examination reveals antalgic gait, left foot droop, unable to heel-toe walk, severe spasm and guarding, very limited ROM, 5/5 motor strength, normal sensation except decreased left L4, L5, S1, and 1+ bilateral reflexes. SLR is + bilaterally for radicular s/s at 30 degrees, negative for SI arthropathy and piriformis

syndrome. Assessment lumbar postlaminectomy syndrome, lumbar disc with radiculopathy and degeneration of lumbar disc. Left then right TLESI at L4-5 is recommended and requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing treatment sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The CA MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The patient has been treating under chronic pain management with his PTP. His condition has been stable. The medical records do not provide a valid rationale for ongoing treatment with another provider, for pain management. The medical necessity of the request has not been established.

Left L4-5 transforaminal epidural steroid injection x 1 followed two weeks later right L4-L5 transforaminal epidural steroid injection x 1: Upheld

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

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

Decision rationale: According to the guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not indicate whether the patient has tried LESI in the past, and if so, his response to the prior procedure. The patient is not a surgical candidate. The 2/13/2014 lumbar CT does not reveal any evidence of a neurocompressive lesion. In addition, the physical examination findings are not entirely consistent, and do not reveal objective findings indicating any new or progressive radiculopathy. In accordance with the guidelines, the request for left then right L4-5 TFESI is not medically necessary.