

Case Number:	CM14-0179409		
Date Assigned:	11/03/2014	Date of Injury:	12/11/1998
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Management 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 56 year old with an injury date on 12/11/98. Patient complains of low lumbar pain rated 7/10, radiating to left buttock, hamstring, calf, ankle, plantar of foot, and toes with numbness/tingling per 8/19/14 report. Patient also has a burning sensation in groin region extending to anterior left inner thigh, calf, and foot, with pain rated 5/10 per 8/19/14 report. Based on the 8/19/14 progress report provided by [REDACTED] the diagnoses are: 1. radiculitis 2. lumbar radiculopathy left side 3. worsened back pain. Exam on 10/3/14 showed "L- spine range of motion limited, especially flexion/extension. Positive left-sided straight leg raise. Sensory exam is intact on right, and on left diminished to light touch/pinprick over left lateral calf." Patient's treatment history includes psychiatric evaluation, spinal cord stimulator (improvement after removal) medication (muscle relaxants, NSAIDs), and home exercise. [REDACTED] is requesting transforaminal epidural steroid injection left L4-5 and L5-S1. The utilization review determination being challenged is dated 10/14/14 and denies request due to lack of recent physical therapy attempted. [REDACTED] is the requesting provider, and he provided treatment reports from 5/13/14 to 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection left L4-5 and L5-S1: Overturned

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: This patient presents with lower back pain, and pain in left buttock /groin /hamstring /calf /ankle/ plantar of foot/toes. The provider has asked for transforaminal epidural steroid injection left L4-5 and L5-S1 on 8/19/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. A CT myelogram dated 5/5/14 showed a 20% decreased in height of the disc, and a 2-3mm posterior disc protrusion which encroaches on the thecal sac, and right lateral recess at L4-5, and a 30% decrease in disc height with 3-4mm posterior disc bulge with encroachment on epidural fat, and encroachment on the foramina with compromise on exiting nerve roots bilaterally at L5-S1. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has low back pain with radicular symptoms into left lower extremity and a positive left-sided straight leg raise. CT myelogram results show significant nerve root lesion bilaterally, and physical exam shows a decrease in sensory function in the left lateral calf. The requested transforaminal epidural steroid injection left L4-5 and L5-S1 appears reasonable for patient's left-sided radicular symptoms with confirmatory physical exam and imaging data. Recommendation is medically necessary.