

Case Number:	CM14-0182923		
Date Assigned:	11/07/2014	Date of Injury:	03/01/2011
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Management 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 62 year old male with an injury date of 03/01/11. Based on the progress report dated 08/21/14 provided by [REDACTED] the patient complains of low back pain along with left lower extremity pain and numbness. The intermittent sharp and stabbing pain is rated at 5-7/10. The pain worsens with prolonged sitting, standing and activity. The patient is experiencing weakness in the left leg, and his symptoms are interfering with activities of daily living and sleep. Physical examination of the lumbar spine reveals +2 tenderness at left paravertebral muscle area on palpation. Lumbar flexion is at 30 degrees, while lumbar extension is at 0 degrees. There is decreased sensation at L4, L5, and S1. The patient underwent lumbar spine fusion on 11/29/12 with no significant pain relief, as per progress report dated 08/21/14. He uses cane to walk and gets some relief from stretching exercises. However, the patient did not receive any benefit from physical therapy, chiropractic manipulation, and acupuncture, per the same progress report. He has been prescribed Norco and Neurontin to manage symptoms. MRI of the Lumbar Spine, 04/17/14, as per progress report dated 08/21/14:- Spondylotic changes.- Facet joint hypertrophy and osteophytic ridge resulting in moderate right neural foraminal narrowing and right exiting nerve root compromise at L4-5. Diagnosis, 08/21/14- Low back pain with radicular symptoms to left lower extremity.- Status post L4 through S1 fusion.- MRI findings of disc bulges at L1-L2, L2-L3, AND L3-L4 with central canal and bilateral neural foraminal narrowing at L2-L3 and L3-L4.- Cervicalgia- Possible hardware related pain in the left lumbar area. [REDACTED] is requesting for 1 Left Sided L4-L5 And L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance With Possible Caudal Approach. The utilization review determination being challenged is dated 10/01/14. The rationale was "The MRI findings do not corroborate the sensory deficit findings; there was no noted nerve impingement

on the left to support left sided L4-5 and L5-S1 transforaminal ESI." Treatment reports were provided from 07/30/14 - 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Sided L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance with Possible Caudal Approach: Upheld

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: The patient presents with intermittent sharp and stabbing low back pain along rated at 5-7/10 along with left lower extremity pain and numbness, as per progress report dated 08/21/14. The request is for 1 Left Sided L4-L5 And L5-Si Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance With Possible Caudal Approach. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." 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," In this case, the patient complains of lower back pain with symptoms that radiate to the left lower extremity. Physical examination reveals tenderness in the left paravertebral area on palpation along with decreased sensation at L4, L5, and S1. However, the MRI of the Lumbar Spine, as per progress report dated 08/21/14, does not reveal stenosis or neural foraminal narrowing on the left side at L4-5 and L5-S1. The findings are mostly on the non-symptomatic right side with foraminal stenosis at right L4-5. No disc herniations or potential nerve root lesions are reports. These reports do not corroborate the physical examination findings or symptom location as required by MTUS. The requested Left Sided L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance with Possible Caudal Approach are not medically necessary.