

Case Number:	CM14-0183814		
Date Assigned:	11/10/2014	Date of Injury:	06/27/2006
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work-related injury on June 27, 2006. Subsequently he developed chronic low back pain. The patient underwent a L3-5 decompression in 2008 and L2-4 fusion in 2011 with subsequent revision of cage also in 2011. Treatment has also included: medications, physical therapy, use of back brace, radiofrequency neurotomies, bone growth stimulator, and ESIs. The patient declined spinal cord stimulator. MRI of the lumbar spine dated May 27, 2014 showed L5-S1 postsurgical changes and pedicle screws on the left side. There was a right eccentric broad-based disc bulge affecting the right neural foramina. There was a right lateral osteophyte, and also an osteophyte within the left neural foramina. There was marked narrowing of the left lateral recess, with compression of the traversing left S1 nerve root. Moderate to severe bilateral neural foraminal narrowing with possible compression of the exiting left L5 nerve root. At L4-5, there was postsurgical changes with left hemilaminectomy, bilateral facet hypertrophy and mild hypertrophy of ligamentum flavum, along with mild to moderate narrowing of the neural foramina. According to a progress report dated October 6, 2014, the patient complained of left lower extremity stabbing and burning pain. the left lower extremity radicular pain was worse than the right sided pain, or his lower back pain. physical examination revealed bony palpation of the lumbar spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Soft tissue palpation on the left: tenderness of the paraspinal region. L5 motor strength on the left: ankle dorsiflexion tibialis anterior 4/5 and great toe, extension extensor hallucis longus 4/5. S1 motor strength on the left: plantar flexion gastrocnemius 5/5. Decreased sensation on the lateral left leg and dorsum of the foot and decreased sensation on the sole of the foot and the posterior leg. Seated straight raising test of the left leg positive. The patient was diagnosed with lumbosacral spondylosis without myelopathy, displacement of cervical intervertebral disc

without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, and brachial neuritis. The provider requested authorization for Left L5-S1 Transforaminal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, Left L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.