

Case Number:	CM14-0021407		
Date Assigned:	05/07/2014	Date of Injury:	02/20/2005
Decision Date:	08/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 45-year-old male with a 2/20/05 date of injury, from a slip and fall. The patient injured his low back. Treatment to date has included aqua therapy, physical therapy, lumbar ESI (2007), trigger point injections, TENS unit, TLIF at L5-S1 (2006); revision of fusion at L4-5 with rigid instrumentation from L5 to sacrum (2007); SNRB at L4-5 and L5-S1 on the left (2012), gym membership, ESI (2008 and 2012 providing 80% pain relief for 6 months). On 1/16/14 there was note of lack of improvement from attending a gym; worsening low back and leg pain symptoms bilaterally. Lumbar ESI were noted to have helped with pain in the past. There were complaints of poor sleep and the patient remains a sedentary most of the day. He has significant limitations in ADLs, and complains of depression. Clinically, strength was 5/5, sensation was reduced on the left at L4 and L5 dermatomes; range of motion was reduced; SLR was negative bilaterally; and there was SI joint tenderness bilaterally. AME dated 2/1/14 recommended physical therapy, lumbar ESI, medications, and possible surgery if his condition becomes worse. Certification after reconsideration notice dated 2/24/14 for ESI at L2-3 was based on the patient's 2/14/14 progress note that revealed 4/5 strength with knee raise against resistance and decreased sensation in the left L2-3 dermatomes. 4/15/14 progress note described worsening back and leg pain symptoms bilaterally. The patient also had complaints of poor sleep and depression. There was 4/5 strength with knee raise to resistance; sensory loss at L2-3 dermatomes on the left; positive SI joint tenderness bilaterally, and negative straight leg raising. Treatment plan discussed L2-3 lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION, L2-3

BILATERAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The AMA Guides.

Decision rationale: This request previously obtained an adverse determination, as physical exam findings were not consistent with the requested level (L2-3). Pathology appears to be at the L4, L5, and S1 levels, which was corroborated by EMG and imaging findings. However, based on the 2/14/14 progress note which revealed both strength and sensory loss at the left L2-3 level, lumbar ESI at L2-3 was found medically necessary. It is not entirely clear why this is once more requested, however based on that 2/14/14 and the most recent 4/15/14 physical exam findings and failure of conservative treatment, the request is substantiated.