

Case Number:	CM14-0096410		
Date Assigned:	09/15/2014	Date of Injury:	08/11/2008
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 61-year-old male with a date of injury of 08/11/2008. The listed diagnoses per [REDACTED] are: 1.Right chronic L5 radiculopathy with positive EMG.2.Left L5 radiculopathy.3.Central disk protrusion at L5-S1 with severe bilateral L5 neuroforaminal stenosis.4.Large central and left paracentral L4-L5 disk protrusion.5.Severe left L4 neuroforaminal stenosis.6.Lumbar facet joint arthropathy.The medical file provided for review includes one appeal letter from [REDACTED] from 07/02/2014. According to this report, the patient presents with bilateral low back pain radiating to the right buttock, right anterior thigh, right anterior calf, and right foot. Treater states the patient's lumbar transforaminal epidural injection was denied. He is writing an appeal as the patient had "80% improvement of his right leg radicular pain since receiving the fluoroscopy-guided right L4-L5 and L5-S1 transforaminal epidural injection." The patient reports pain of 8 9/10 on a visual analog scale. The patient's medications include Flexeril 10 mg, Vicodin 5 mg, tramadol ER 100 mg, and Effexor 75 mg. Examination revealed tenderness upon palpation of the thoracic and lumbar spine. Bilateral lower extremity ranges of motion were restricted on all directions. Range of motion of the lumbar spine was also restricted. Sacroiliac provocative maneuver, Patrick's maneuver was positive on the right and negative on the left. Right extensor hallucis longus and right tibialis anterior strength are 4+/5, left extensor hallucis longus/left tibialis anterior and left gastrocnemius/soleus muscle strength is 4/5. The treater argues that the patient has left radiculopathy with left lower extremity weakness and severe left L4 foraminal stenosis and severe bilateral L5 neuroforaminal stenosis as shown in his MRI. Utilization review denied the request on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided left Lumbar 4-5, left Lumbar 5-Sacral 1 transforaminal Epidural Steriod Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steriod Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding ESI's, under its chronic pain section Page(s) : Page 46,47.

Decision rationale: This patient presents with bilateral low back pain radiating to the right buttock, thigh, calf, and foot. The treater is requesting a left lumbar transforminal epidural injection at level L4-L5 under fluoroscopy. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." For repeat injection during therapeutic phase, "Continued documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the treater has reported 80% improvement in patient's leg radicular symptoms since receiving his LESI, but there is no documentation of functional improvement or associated reduction of medication . Furthermore, the treater does not discuss the duration of pain relief. A repeat injection would not be indicated given the lack of functional improvement as defined by MTUS. The request is not medically necessary.