

Case Number:	CM14-0212337		
Date Assigned:	01/02/2015	Date of Injury:	01/07/2013
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male with date of injury 01/07/2013. The treating physician report dated 11/14/2014 (38) indicates that the patient presents with low back pain, secondary facet syndrome, left SI joint syndrome and radiculopathy. The physical examination findings reveal Lumbar spinal area is mildly tender, worse on the left side. Straight leg raising is positive on the left. There is positive facet joint loading on the left. Mild SI joint tenderness on the left. FABER test causes mild pain in the left. Prior treatment history includes Left SI joint injection with 70% relief. Left L3, L4, L5 medial branch radiofrequency ablation with 70% relief of back pain. Left L3, L4, and L5 -medial branch blocks with excellent relief. Left L3, L4, and L5 medial branch radiofrequency ablation with greater than six months' relief. Left SI joint injection with greater than 70% relief for six months. MRI findings reveal 4-mm disc protrusion at L4-L5 and facet hypertrophy causing foraminal narrowing and at L5-S1 there is a 3mm disc protrusion. The current diagnoses are: 1. Lumbar radiculopathy 2. Lumbar facet syndrome 3. Lumbar disc degeneration 4. Left sacroiliitis 5. Hip osteoarthritis, worse on the left 6. Cervical strain. The utilization review report dated 12/04/14 (9) denied the request for left L4-5 & L5-S1 transforaminal epidural steroid injection based on no specific motor or sensory deficits documented consistent with pathology at the levels proposed for injection. Furthermore, there is no imaging and/or electrodiagnostic evidence corroborating the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 & L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: The patient presents with low back pain, secondary facet syndrome, left SI joint syndrome and radiculopathy. The current request is for left L4-5 & L5-S1 transforaminal epidural steroid injection. The treating physician states, "based on the patient's MRI findings and complaints of low back pain radiating to the left lower extremity and left groin, in physical exam with positive straight leg raise, the injured worker is an excellent candidate for lumbar transforaminal epidural steroid injection. The injured worker never had this treatment in the past because the injured worker has not had any leg pain in the past. This will improve his pain, function, and overall activities." The MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the treating physician has documented low back pain with radiculopathy coupled with a 4-mm disc protrusion at L4-L5 and facet hypertrophy causing foraminal narrowing, 3mm disc protrusion at L5-S1 and positive straight leg raise. The current request is medically necessary.