

Case Number:	CM14-0214679		
Date Assigned:	01/07/2015	Date of Injury:	04/29/2013
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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

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 37 year old male with an injury date on 4/29/13. The patient complains of lower back pain and diffuse left lower extremity pain with pain rated 5-6/10 on VAS scale per 10/23/14 report. The patient also complains with distal numbness/weakness in the limbs associated with the pain per 10/23/14 report. The patient states that the pain is worsened by sitting/standing/walking, and improved by taking medications per 10/23/14 report. The patient's lower extremity pain is in the buttocks and equal in both legs per 8/25/14 report. Based on the 10/23/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar spine idiopathic lower back pain. 2. HNP L3-4 and L4-5. 3. facet syndrome. 4. facet arthrosis: L3-4 and L4-5. 5. degenerative disc disease L3-4 and L4-5. 6. neuroforaminal spinal stenosis L3-4 (right), L3-4 (left), L4-5 (right), and L4-5 (left). 7. Sciatica. 8. spinal enthesopathy. 9. sacroccygeal spine left sacro-iliac joint syndrome. 10. pain dysfunction syndrome of the sacroiliac joint(s). A physical exam on 10/23/14 showed "tenderness to palpation in right posterior superior iliac spine and left posterior superior iliac spine and positive straight leg raise on the left." Range of motion testing of L-spine is not included in reports. The patient's treatment history includes medications, epidural steroid injection. The treating physician is requesting bilateral lumbar transforaminal ESI L3-4, L4-5. The utilization review determination being challenged is dated 11/17/14. The requesting physician provided a treatment reports from 8/25/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal ESI L3-L4, L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with lower back pain. The treater has asked for Bilateral Lumbar Transforaminal ESI L3-4, L4-5 on 10/23/14. The patient had a prior epidural steroid injection at an unspecified site on 6/16/14, and the patient is feeling 70% improvement per 10/23/14 report. The epidural steroid injection is still working and helped with the leg pain per 10/23/14 report. A L-spine MRI dated 7/26/13 showed a HNP at L3-4 (broad-based) and L4-5 (broad-based) with lateral recess stenosis noted at L3-4 (right), L3-4 (left), L4-5 (right) and L4-5 (left). Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has chronic lumbar pain. A prior epidural steroid injection gave 70% improvement for 4 months. Review of reports from 8/25/14 to 10/23/14 does not indicate the location of the prior epidural steroid injection. Although the prior injection gave significant relief, there is no documentation of a reduction in medication usage in relation to the prior injection as per MTUS guidelines for repeat injection. However, the MRI shows multi-level HNP's with bilateral recess stenosis and the patient has significant leg symptoms on both sides. A repeat ESI would appear reasonable as MTUS allows multiple injection when improvement is shown. The request IS medically necessary.