

Case Number:	CM14-0215869		
Date Assigned:	01/05/2015	Date of Injury:	06/02/2002
Decision Date:	02/28/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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: New York

Certification(s)/Specialty: Emergency Medicine

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 IW is a 69 year old male with a date of injury 6/2/2002. The injury resulted in injury to his neck and low back.. The IW had previously had a cervical spine fusion, and underwent lumbar fusion on 4/11/2008. Past medical history is significant for high cholesterol and hypertension. Diagnoses include cervicgia, lumbago, failed back syndrome, lumbar disc displacement and lumbar radiculopathy. Additional treatments include narcotic analgesia. An MRI dated 7/17/2013 of the lumbar spine revealed a posterior decompression fusion L2-L3 and L5-S1 with moderate narrowing of the left neural foramen at L5-S1. Documentation supports that transforaminal epidural injections were completed with fluoroscopic guidance on 9/11/13 and 1/22/14. The IW reported relief of LE pain with the first injection and transient increase in discomfort following the second injection. Additionally, on 8/20/14 the IW underwent successful intrathecal injection. A pain management note dated 7/28/2014 states the IW reported 75% improvement following a left L4-L5 epidural steroid injection. Physical exam shows limitation in both flexion and extension of the lumbar spine. Straight leg testing was positive on the left with pain referred to the lumbar area. A neurosurgeon's progress report dated 7/31/2014 document decreased tibialis anterior movement in bilateral lower extremities. Nerve conduction studies were consistent with chronic, moderate bilateral L4-L5 and S1 radiculopathy without ongoing denervation potentials. 135 On November 25, 2014 a neurosurgery note shows an unchanged exam and referral for a stimulator trial. The IW was placed on modified work duty and was restricted to lifting 15 pound maximum. On December 22, 2014, The UR non-certified a request for a L4-L5 tranforaminal

epidural steroid injection. MTUS chronic pain guidelines were utilized in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46.

Decision rationale: The IW has a low back injury and is status post a lumbar fusion. The documentation does not support decreased sensation corresponding to a dermatomal pattern. In addition, imaging studies do not demonstrate abnormalities at the level in which treatment is requested. CA MTUS chronic epidural steroid injections are recommended for treatment of radicular pain which is substantiated in the physical exam findings as well as supported by diagnostic imaging. The documentation does not support these findings. Additionally, the guidelines rarely recommend a third epidural injection and this IW has already had two treatment. The request for L4-L5 transforaminal epidural injections at the L4-L5 are not medically necessary.