

Case Number:	CM14-0147523		
Date Assigned:	09/15/2014	Date of Injury:	04/10/2007
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation, 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 female who sustained an industrial injury on 4/10/2007. She sat down and when she stood back up, she felt something in her back move, that evening her right leg went numb. She underwent L4-S1 posterior spinal fusion in 2011. Lumbar spine MRI study dated 6/23/2014 provided the impression: Interval additional surgery with placement of metallic screw between L4 and S1 vertebral bodies. There also appears to be repositioning of the left L4 pedicle screw whose tip now projects beyond the anterior cortex of the L4 vertebral body. There is bony continuity across L4-5 and L5-S1 disc spaces. New bone-density material extends from the L4-5 disc space level into the left anterior epidural space and impinges upon the left ventral aspect of the thecal sac, possibly affecting the origin of the left L5 nerve sleeve. Persistent moderate L3-4 spinal stenosis. Increased size of the left lateral L3-4 disc extrusion which now appears to impinge upon the exiting left L3 nerve sleeve beyond the left L3-4 neural foramen. The 7/26/2014 progress report does not document any relevant physical examination findings, only the patient's vitals and grip strength. Review of a lumbar CT scan (date not provided) is noted. Lumbar epidural injection is recommended. According to the progress report dated 8/29/2014, the patient presents for follow-up regarding her lumbar spine. She has had several episodes of falling because of legs giving out. She states she is doing well overall from surgery but has persistent right leg radiculopathies, including pain and numbness with back pain. Also complains of tingling in the buttocks and numbness in the legs and feet. Her low back pain after surgery is 2-8/10, mid back pain 3-5/10. Medications are Tramadol, Norco, ibuprofen, naproxen, Topamax, lidocaine patch, soma and folic acid. She is also now taking Fentanyl 25mg 1 patch q.3 days. She smokes one pack of cigarettes per day. Physical examination documents patient's vitals and grip strength. No relevant objective examination findings are provided. Review of a lumbar MRI study (date not provided) reportedly shows significant supra-adjacent disc

herniation at L3-4 with marked bilateral foraminal stenosis. Lumbar surgical intervention is recommended and requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 interlaminar Epidural steroid injection: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. However, there is absence of documented abnormal physical examination findings that indicate active radiculopathy and corroborative lumbar MR imaging of a neurocompressive lesion and/or lower extremity electrodiagnostic findings that support a diagnosis of L5-S1 lumbar radiculopathy. The medical records fail to establish the patient is a candidate for lumbar ESI. The request is not medically necessary.