

Case Number:	CM13-0007750		
Date Assigned:	09/20/2013	Date of Injury:	03/29/2011
Decision Date:	02/25/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 62-year-old female, with a date of injury of 03/29/11, and is status post lumbar fusion. The mechanism of injury is cumulative trauma while working for [REDACTED]. She was subsequently seen medically, placed on modified duty until May of 2011, when she stopped work altogether and has not returned since. Evaluation and treatment has included medications, physical therapy, and one injection without benefit. She indicates x-rays and MRI studies were done, and she has had electrical studies as well. In November of 2011, she underwent a two-stage lower back fusion and decompression procedure. She reports some post-operative wound problems with the abdominal approach, but has since healed up. Her doctor has reported the fusion doing satisfactorily. She indicates that this helped in some degree with her lower back discomfort, but did not affect her right leg complaints. The patient was initially treated with medications, epidural steroid injection, and physical therapy sessions. She eventually underwent L3-4 and L4-5 fusion. Post-operatively, she was treated with physical therapy, medications, and H-wave. X-rays of the lumbar spine by [REDACTED], dated 7/13/12 showed stable post-operative changes. Electromyography/nerve conduction velocity (EMG/ NCV) of the lower extremities, dated 12/4/12 showed a chronic right L4-S1 radiculopathy. The medical record dated 7/10/12 indicates that the patient complains of low back and right leg pain. Current medications include Norco, Norvasc, Ambien, Transderm-Scop, Lotrimin cream, albuterol, Celebrex, Singulair, Restoril, tramadol, and Flexeril. Physical examination revealed bilateral lower extremity pain. There is tenderness over the sacroiliac joints, left greater than right. There is tenderness over the paraspinals. There is increased pain with flexion and extension. There is a positive Straight Leg Raise, Patrick's and Gaenslen's test on the right. While the patient has low back and right leg pain, the records submitted for review did not contain specific objective finding such sensorimotor deficits and positive provocative tests to support the diagnosis of a

right L5 radiculopathy. Post-operatively, multiple treatments to date including 32 physical therapy sessions and an epidural trial without benefit. Currently, she treats with medications tramadol and occasional Norco, Flexeril and occasional use of a back support. She indicates that her surgeon has recommended transfer of care to a pain management doctor who has seen her before for the injections referenced above, but this has either been denied by the carrier, or at least delayed. The patient was diagnosed with lumbar degenerative disc disease, post-laminectomy syndrome, radiculopathy, and myalgia. An exam on 07/10/13 indicated that the patient continues with low back pain and right leg pain. Objective findings indicate antalgic gait, and bilateral lower extremity pain rated at 5/5. There was also indication of TTP SL joints, left greater than right, and TTP over the paraspinals. There was increased pain with flexion and extension. Positive right straight leg raising (SLR). The patient is diagnosed with lumbar degenerative disc disease, post-laminectomy syndrome, radiculopathy, and myalgia. A request for lumbar epidural steroid injection was made which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right L5 transforaminal lumbar epidural steroid injection with fluoroscopy and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Pain, Epidural steroid injections (ESIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): TWC - Pain (Chronic) (updated 11/14/13), Epidural steroid injections (ESI)

Decision rationale: The Chronic Pain Guidelines indicate that "the purpose of Epidural Steroid Injections (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 Official Disability Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In consideration of the foregoing issues and the referenced evidence-based practice guidelines, which indicates that in the therapeutic phase, repeat blocks should 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 (6-8) weeks, with a general recommendation of no more than four (4) blocks per region per year, the medical necessity of the requested transforaminal epidural steroid injection has not been established, since the patient continues to experience low back pain with no evidence of functional improvement.