

Case Number:	CM13-0015113		
Date Assigned:	10/04/2013	Date of Injury:	06/16/2013
Decision Date:	01/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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.

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 55-year-old female who reported an injury on 06/16/2013 due to lifting. Notes indicate that the patient is currently diagnosed with lumbar spondylosis and stenosis with pain flare, myofascial pain, and cervicgia. Notes indicate that the patient underwent an MRI of the lumbar spine on 11/21/2012, which showed moderate to severe degenerative disc disease and spondylosis at L3-4 and L4-5 with moderate to severe central canal stenosis due to broad-based disc bulges and degenerative changes involving the posterior element. There was also probable contact of the descending L4 and L5 nerve roots bilaterally, as well as mild to moderate bilateral neural foraminal stenosis noted at these levels. There were also annular fissures involving the discs, which were documented posteriorly. Treatment for the patient has consisted of 6 physical therapy visits, with dates of service from 07/10/2013 to 07/30/2013. Medications listed for the patient included gabapentin and Lodine. Also, the patient was provided with Soma 350 mg. Physical examination of the patient notes that the pain is primarily located to the back, with the patient describing aching and burning, as well as cramping and numbness. The patient notes constant pain radiating to the legs as well, greater on the left than the right. The patient described neurological symptoms of numbness, with pain interfering with sleep. Physical examination of the patient noted lumbar range of motion with flexion to 90 degrees, extension 30 degrees, and right and left rotation of 30 degrees. Range of motion of the bilateral hips was noted to be full, and reflexes of the ankles and knees were 2+ and symmetric. Motor testing of the lower extremities revealed 5/5 strength bilaterally, and straight leg raise negative bilaterally. Notes indicate that the patient was recommended for a lumbar caudal epidural steroid injection and that the patient has had good results with a prior injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection through the caudal approach under fluoroscopy between 8/13/2013 and 9/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The Chronic Pain Guidelines indicate that Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. 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 weeks. The documentation submitted for review indicates that the patient has undergone a prior epidural steroid injection, utilizing a lumbar caudal approach for which the patient had good results previously. However, there is a lack of documentation indicating the patient's quantified pain scale or a length of time for which the patient had effect from the prior injection. Furthermore, there is a lack of documentation indicating the patient was able to decrease medication usage or had increase in the ability to undertake activities of daily living as evidence of objective functional improvement with the prior injection. Furthermore, the most recent clinical notes submitted for review indicate that the patient has a lack of objective clinical findings detailing radiculopathy for which the patient may utilize an epidural steroid injection. The patient is noted to have 5/5 strength of the bilateral lower extremities with negative straight leg raise bilaterally, and a normal gait with full range of motion of the lumbar spine. Given the above, the request for lumbar epidural steroid injection through the caudal approach under fluoroscopy between 08/13/2013 and 09/27/2013 is not medically necessary and appropriate.