

Case Number:	CM13-0015786		
Date Assigned:	10/11/2013	Date of Injury:	09/14/2000
Decision Date:	01/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiology 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:

This is a 56-year-old female patient with a date of injury of 09/14/2000 and a diagnosis of chronic low back pain with radiculopathy. Medical documentation indicates this patient had an Anterior Lumbar Interbody Fusion, surgical procedure, in 2001. There is documentation of previous treatment with various injections including L3, L4 and L5 medial branch Radiofrequency Ablation, medial branch blocks and Rhizotomies. Subjective, patient reported information from documentation dated 09/11/2013 reveals right calf spasm, once a day and constant. The pain severity range is reportedly 6-10/10. The pain is reportedly improved with sitting down, activity, inactivity and massage. On 09/11/2013 the patient also reported pain in bilateral feet, heel and arches. The patient reports the pain in her feet was previously treated with epidural steroid injections. Pertinent objective evidence of low back pain with radiculopathy includes reported CT scan showing multilevel disc bulges and facet arthropathy in a note dated 05/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 transforaminal epidural steroid injections (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-310, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Documentation in a note dated 12/21/2012 reveals this patient received an epidural steroid injection in 2004. She reportedly had some pain relief, however, it is noted that the epidural steroid injection also caused chest pain leading to an ER visit. Despite having reported chest pain with this procedure, the epidural steroid injection was repeated on a later date. There is no mention of response to the repeat epidural steroid injection except a note stating that this patient stopped working in August 2004 because of pain. According to the medical documentation, this patient estimates she has received approximately 8 epidural injections. There are 2 or 3 additional, sporadic reports of epidural injections documented in the patient's medical history. According to the guidelines, epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. This patient does have some subjective (reported radicular pain) and objective (reported CT and physical exam findings) evidence of radiculopathy. However, there is no clearly documented MRI or electrodiagnostic evidence of radiculopathy. The guidelines clearly state that there must be documented evidence of radiculopathy both by physical examination and imaging studies or electrodiagnostic testing. In addition, there is little to no documented evidence of the details of reported previous epidural steroid injections. There is no documentation indicating if previous epidural steroid injections were performed under fluoroscopic guidance. There is no clearly documented evidence of the nature and length of success (pain/inflammation relief and restoration of range of motion) after the first epidural steroid injection. The guidelines state that repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. There is no clearly documented medical evidence of 50% pain relief or reduction in the use of medication as a result of previous epidural steroid injection or injections. Therefore, the requested bilateral epidural steroid injections are not medically necessary or appropriate.