

Case Number:	CM13-0016660		
Date Assigned:	11/06/2013	Date of Injury:	08/17/2011
Decision Date:	02/13/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient with date of birth [REDACTED] had a work injury to his low back dated 8/17/11. His DIAGNOSES: included : 1) Musculoligamentous strain or the lumbar spine. 2) Herniated disc disease. 3) Facet hypertrophy. 4) Neuritis and radiculitis of the lumbar spine. He has been treated with physical therapy, acupuncture, chiropractic and medications, and injections. The issue presented for review is whether a bilateral lumbar epidural steroid injection is medically necessary. He had a lumbar MRI on APRIL 16, 2012 which read:1. Broad-based central disc protrusion at L2-3 measuring 3 mm along its caudal margin. There is mild central spinal canal stenosis. 2. L5 may represent a transitional vertebrae.9/28/12 Lumbar MRI IMPRESSION:1. Intradural lipoma at the conus.2. L2-L3, a 4.0 mm circumferential disc bulge which mildly impresses on the thecal sac. 3. Left-sided sacralization of L5 Per 4/29/13 office visit: The patient had 50% improvement after first right sacroiliac joint injection on January 16, 2013 with improvement in functionality. Patient also received improvement with weakness, tingling and numbness in the right lower extremities. Per 5/22/13 operative note patient had a Right sacroiliac joint injection under fluoroscopic guidance, injection 6/5/13 Operative report revealed patient had : 1. Bilateral L2-L3 transforaminal cannulation lumbar epidural space.2. Contrast dye study, bilateral L2-L3 nerve root. 6/26/13 Operative report indicates patient had:1. Bilateral L2-L3 transforaminal cannulation lumbar epidural space 7/31/12 BLE EMG: Bilateral L5 radiculopathy.7/29/13 Office visit states that : " Patient had 75% improvement for 10 weeks after second right sacroiliac joint injection, performed on May 22, 2013. The patient had the first bilateral transforaminal epidural injection at level L2-3, performed on June 5, 2013 and the second bilateral transforaminal lumbar epidural injection at level L2-3, performed on June 26, 2013. The Patient received 75% improvement

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection L2-L3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation J Korean Neurosurg Soc. 2010 August; 48(2): 119-124. Published online 2010 August 31. doi: 10.3340/jkns.2010.48.2.119.

Decision rationale: Bilateral lumbar epidural steroid injection L2-L3 is not medically necessary as written per MTUS guidelines. The request for bilateral lumbar epidural steroid injection at L2-3 was for 2 separate L2-L3 injections. While patient does have MRI evidence of disc protrusion at the L2-L3 levels and the clinical symptoms and neurological findings associated with upper lumbar disc herniation's are non-specific. The patient was given L2-L3 injections 3 weeks apart. MTUS guidelines recommend, "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, with a general recommendation of no more than 4 blocks per region per year." The patient did not have at least 6-8 weeks between the first and second injection. It is also not clear how much benefit he received after the first injection alone.