

Case Number:	CM13-0018210		
Date Assigned:	03/26/2014	Date of Injury:	11/20/2003
Decision Date:	08/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational 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 claimant was injured on 11/20/03. Lumbar/caudal epidural steroid injection is under review. A lumbar MRI was done on 05/12/09. There were postop changes with posterior disc bulges that were minimal at L3-4 and L4-5. At L5-S1 there was a protruding soft tissue structure that appeared to impinge on the right S1 root and on and have the appearance of a herniated disc. It could also be postsurgical granulation tissue. On 07/31/13, the claimant reported increasing pain that was moderate to severe. He had restricted range of motion and straight leg rising was positive on the right side at 60. He was diagnosed with recurrent disc herniation and postlaminectomy syndrome. His most recent lumbar epidural injection was 11/07/12 with complete relief until one month previous (06/13). He had reported that his condition had worsened since his last visit on 01/30/13 and he had moderate to severe lumbar pain that began in the last 3 weeks. He reportedly benefited from the use of medication. He was taking Naproxen and Norco. Physical examination revealed restricted range of motion with intact motor strength and positive straight leg raise test on the right. There were no imaging or electrodiagnostic studies to assess the patient and no sensory deficits were noted. (Of note, the claimant saw [REDACTED] on 01/30/13. He reported improvement in the right side of his low back and had more pain to the left side of the low back. His pain was tolerable. He still had buttock pain and requested refills of his medications. He was prescribed Naprosyn and Norco 5.) He reported moderate to severe pain in his low back. A repeat lumbar ESI was ordered. Straight leg raise was positive on the right at 60. Motor power was 5/5. He reportedly had complete relief of his pain after the injection. On 08/28/13, straight leg raise was positive at 60 on the right also. On 03/14/14, a lumbar vertebra caudal lumbar ESI was ordered. On 04/09/14, he had low back pain with lumbosacral neuritis. He had relief from a lumbar ESI until shortly after Christmas. He complained of moderate lumbar pain. He was taking medication as prescribed. He had

decreased range of motion and symmetric reflexes with motor power 5/5 and straight leg raise positive at 60. The last ESI relieves his symptoms completely for 3 months according to this note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a repeat lumbar epidural steroid injection (ESI) at this time. The CA MTUS Chronic Pain Guidelines, p. 79 "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) There is no clear objective evidence of radiculopathy on physical examination and no electromyography was submitted. The claimant had decreased range of motor but no sensory deficits and normal motor and reflex exams. He had a positive SLR but it is not stated whether it reproduced radicular pain. There is evidence that he has been involved in an ongoing exercise program that would be expected to be continued in conjunction with injection therapy. There is no indication that he has failed all other reasonable conservative care, including physical therapy, or that this ESI is based on an attempt to avoid surgery. Finally, the duration of pain relief is unclear as he continued to use Naproxen and Norco during the period of time that he reportedly had full pain relief. This appears to be contradictory and was not explained in the records. The request for a repeat lumbar/caudal epidural steroid injection is not medically necessary.