MAXIMUS Federal Services

Case Number:	CM13-0024204		
Date Assigned:	11/20/2013	Date of Injury:	01/25/2001
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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, has a subspecialty in Pain Mangement and is licensed to practice in Georgia. 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 claimant is a 50-year-old presenting with chronic back pain following a work-related injury on January 25, 2001. The pain is exacerbated by cold weather. The pain is worsening down the legs and radiates to the feet. The pain is associated with numbness and weakness. The claimant's current relevant medications include Lunesta 2 mg for sleep, Zanaflex for muscle spasms, Norco for pain, mild flexed for local analgesia to help improve function, and glucosamine/conjoined for joint health. The claimant's medical records noted that an epidural steroid injection was given in 2009. The medical records also document that the claimant has tried home exercise therapy. The physical exam was significant for tenderness at L4-5 and L5 levels, there are myofascial trigger points noted in the right L5, myofascial trigger points at bilateral paravertebral L5, positive straight leg raise bilaterally to 60Â°, difficulty with heel-to-toe walking. Discography was positive at L5-S1 with annular tear. MRI of the lumbar spine was significant for partial dehydration of the disc at L3-4, 2 mm posterior disc protrusion with encroachment on the thecal sac, encroachment on the left foramen at L4-5, 5 mm anterolisthesis at L4-5, 5 mm pseudo or posterior disc extrusion/protrusion, encroachment on the thecal sac and foramina, compromise on the transversing and exiting nerve roots bilaterally, arthritic changes in the facet joints bilaterally, at L5-S1 there is a 3 mm posterior disc protrusion with encroachment on epidural fat and on the foramina bilaterally, Modic changes in the adjacent vertebral body plates, high intensity zone in relation to the posterior aspect of the disc, annular tear/fissure with compromise on the exiting nerve roots. The claimant was diagnosed with lumbar spine radiculitis, lumbar disc displacement with annular tear, and chronic pain syndrome. The claimant's request is for L4-S1 epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for L5-S1 Epidural Steroid Injection under Fluoroscopy # one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, (ESIs) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural Steroid Injections Page(s): 47.

Decision rationale: The Calfornia MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant does have documented radiculopathy; however, an epidural was performed in 2009. There is no documentation that the claimant had at least 50% reduction in pain for at least 8 weeks. Per the CA MTUS, an additional epidural steroid injection is not recommended unless it is known what the previous response was through medical documentation.