

Case Number:	CM13-0024914		
Date Assigned:	12/18/2013	Date of Injury:	08/17/2010
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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 Management 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 62 year old male presenting with low back pain following a work related injury on 07/18/2010. The claimant reports the pain is constant and radiating down the left leg and intermittently. The claimant has tried physical therapy and medication without benefit. The medications included Ibuprofen, Vicodin, Baclofen, and Tramadol. The physical exam was significant for an antalgic gait, tender lumbar paraspinal muscles with increased pain in terminal flexion and extension, pain in the lower back, right greater than left, straight leg raise was positive bilaterally, pain at the bilateral facets. MRI of the lumbar spine on 5/11/2011 was significant for L2-3 3 mm circumferential disc bulge effacing the anterior thecal sac with bilateral facet and ligamentum flavum hypertrophy and mild spinal canal stenosis, L3-4 level with mild disc bulging with a 6 mm broad-based left paracentral disc protrusion effacing the anterior thecal sac which encroached on the transiting nerve roots, left more than right, with bilateral facet arthropathy and ligamentum flavum hypertrophy with moderate bilateral neural foraminal narrowing, L4-5 with 5 mm circumferential disc bulging effacing the anterior thecal sac extending to the foraminal zones with bilateral facet arthropathy and decrease in the anterior-posterior dimension of the spinal canal at the 1.1cm with moderate bilateral neural foraminal narrowing, L5-S1 level there was a 3mm circumferential disc bulge, bilateral facet arthropathy, ligamentum flavum hypertrophy. The claimant was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for L4-5, L5-S1 under Fluoroscopy anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

Decision rationale: A lumbar epidural steroid injection for L4-5, L5-S1 is not medically necessary. The California 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 has met the criteria for radiculopathy on physical exam which was further corroborated by MRI. The claimant has also failed conservative therapy including physical therapy and medications (NSAID, opioids and muscle relaxants). The request for an epidural, unfortunately does not meet MTUS criteria in that only one interlaminar level may be injected at one session. The request was made for two levels. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary.