

Case Number:	CM13-0033311		
Date Assigned:	12/06/2013	Date of Injury:	03/08/1989
Decision Date:	02/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Medicine and is licensed to practice in Florida. 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 employee is a 79-year-old male with a history of a work injury on 3/8/89. He has chronic low back pain with diagnoses of post-laminectomy syndrome and idiopathic autonomic neuropathy with neurogenic bladder. The employee is status post multiple surgeries including lumbar laminectomy in 1989 and 2001. He presents with a four-year history of worsening low back pain and pain in the lower extremities bilaterally distal to the knee. Per the submitted documentation, an MRI of the lumbar spine dated 5/17/12 revealed loss of disc signal and height as well as evidence of prior surgery at L5-S1. At L5-S1, there was also a 1-2 mm broad based disc bulge and facet osteoarthritic change was noted. Additionally, there were lateral osteophytes resulting in bilateral moderate narrowing of the neural foramina with bilateral abutment of the exiting L5 nerve roots. On 8/16/13, physical neurological examination revealed diffuse patchy diminished sharp sensation in bilateral lower extremities and normal root tension signs. The employee's provider has recommended therapeutic transforaminal lumbar epidural steroid injection at right L5, three injections. Based upon the submitted documentation, the employee last received a lumbar injection on 1/25/12; however, the lumbar levels are not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three therapeutic transforaminal lumbar epidural steroid injections at right L5:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Repeat blocks in the therapeutic phase 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 four blocks per region per year. The guidelines further indicate that current research does not support a series of three injections in either the diagnostic or therapeutic phase; no more than two epidural steroid injections are recommended. Additionally, the employee's physical examination is not indicative of radiculopathy. He had normal root tension signs on physical examination. Therefore, the requested series of three therapeutic transforaminal lumbar epidural steroid injections at right L5 is not medically necessary and appropriate.