

Case Number:	CM13-0037275		
Date Assigned:	12/13/2013	Date of Injury:	04/24/2006
Decision Date:	08/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This 63-year-old female sustained an injury 8 years ago on 4/24/2006. According to the examination on 6/17/2013, the patient was complaining of significant left low back pain with increased radiation down her left lower extremity to the left lateral ankle. The pain is described as aching in quality. The pain is increased with bending, twisting, and prolonged standing. It is associated with numbness, tingling, and weakness of the left leg. It is helped with a transcutaneous electric nerve stimulation (TENS) unit. There has been no recent trauma or change in activity. The patient is currently on Lyrica, tramadol, and non-steroidal anti-inflammatory drug (NSAID) therapy. She has had a trial of physical therapy in the past (time not specified). She had a laminectomy and discectomy at L4-L5 in 2005 and steroid epidural injections prior to the surgery. An MRI scan of the lumbar spine done on 10/11/2008 showed moderate spondylosis with facet arthropathy at L4-L5. There are post-operative changes with partial laminectomy. There is no evidence of recurrent disc. At L3-L4, there is a 5 mm broad-based protrusion resulting in mild central and neural foraminal narrowing. A discogram revealed concordant pain at L3-L4. Physical examination revealed intact sensation in the lower extremities, normal motor strength, absent deep tendon reflexes bilaterally, and a positive straight leg raise on the left at 50. A request is made for steroid epidural injections 3 at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION LEFT L4-5 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request is for steroid epidural injections 3 at L4-L5. However, according to the chronic pain guidelines, most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third injection is rarely recommended. Current research does not support (series of 3) injections. Epidural steroid injections can offer short-term pain relief and should be used in conjunction with active rehabilitation program of home based active therapy. The purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion, facilitate progress to a more active treatment program, and avoid surgery, but this treatment alone offers no long-term functional benefit. In addition, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic studies. The MR I report cited in the 6/17/2013 progress report shows no evidence of nerve root compression at L4-5. The discogram also shows no concordant pain at L4-L5. There is no muscle weakness, sensory loss, or deep tendon reflex asymmetry to suggest a lumbar radiculopathy. Therefore, without evidence on physical examination or imaging studies to suggest a radiculopathy and with a request for 3 epidural injections, the medical necessity for this request has not been established.