

Case Number:	CM13-0045766		
Date Assigned:	07/02/2014	Date of Injury:	12/03/2011
Decision Date:	08/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 25-year-old female who reported an injury on 12/03/2011 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 09/06/2013, the injured worker complained of bilateral low back pain which radiated to the buttocks the left worse than the right and also radiated to the bilateral posterolateral thighs and right lateral calf. Prior treatments included an ESI of which the injured worker states she was maintaining 20% relief, chiropractic sessions, physical therapy and prescribed medications. The injured worker's prescribed medications included Norco 10/325 mg and naproxen. In the physical examination of the lumbar spine revealed restricted pain range of motion with pain in all directions. It was noted that there was a negative nerve root tension sign bilaterally and decreased sensation in bilateral L5 dermatomes. The diagnoses included grade retrolisthesis L5 on S1; central disc protrusion at L5-S1 measuring 4 mm; lumbar facet joint arthropathy; lumbar facet joint pain; lumbar sprain/strain and hypothyroid. The treatment plan included a request for a repeat fluoroscopically-guided bilateral L5-S1 epidural steroid injection to build upon the 07/25/2013 epidural steroid injection which provided 50% of low back pain and 80% relief of bilateral lower extremity radicular symptoms. There was also a request for refills of prescribed medications and a followup in 4 weeks. The Request for Authorization for bilateral lumbar epidural steroid injection L5-S1 under fluoroscopic guidance was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL STEROID INJECTION L5-S1 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections Page(s): 46.

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommend epidural steroid injections as an option for treatment of radicular pain. The purpose of ESIs is to reduce pain and inflammation, restore range of motion and thereby facilitate a progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for the use of epidural steroid injection include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical methods, NSAIDS and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; no more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 sessions and in the therapeutic phase, a repeat block 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 to 8 weeks with a general recommendation of no more than 4 blocks per region per year). In the clinical note provided for review, it is annotated that the injured worker was seen for low back pain at which she said has maintained at 20% reduction of pain from the date of 07/25/2013 of the last epidural steroid injection. It is also annotated that the injured worker is still using medications to help with pain relief; however, there is a lack of documentation of the injured worker's pain level status. Furthermore, there is a lack of documentation of the injured worker's functional improvement to include reduction of medication. Therefore, the request for bilateral lumbar epidural steroid injection L5-S1 under fluoroscopic guidance is non-certified.