

Case Number:	CM13-0045780		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2006
Decision Date:	04/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, 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 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 claimant is a 63-year-old female presenting with low back pain following a work-related injury on November 30, 2006. The claimant's medications include Norco, atenolol, lisinopril, Prilosec, Trazodone, amlodipine, and Butrans. The claimant had a translaminal lumbar epidural steroid injection on the left side at L4-5 on February 16, 2012. The physical exam was significant for tenderness to the lumbar spine on palpation of the bilateral paraspinal muscles. Flexion was 30°, extension 5° and bilateral lateral was 10°. An MRI of the lumbar spine on May 14, 2012 was significant for marked degree of central canal stenosis at L4-L5 level secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum, short AP diameter of the spinal canal and broad-based asymmetric posterior disc protrusion, which at its maximal on the right side measures about 6 mm and is causing pressure over the anterior aspect of the thecal sac and encroaching into the right neural foramen, mild narrowing of the left neural foramen and moderately significant narrowing of the right neural foramen. The claimant was diagnosed with retrolisthesis L2 over L3, bilateral lower extremity radicular symptoms with neurogenic claudication, degenerative disc disease at L4-L5 and L5-S1, multilevel central and foraminal stenosis most severe at L4-5, and right knee degenerative arthritis status post left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-L5: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state "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 request was made for a repeat epidural steroid injection. The results of the prior injection were not documented to include at least a 50% relief and associated reduction in pain medication for at least 6-8 weeks. The requested service is therefore not medically necessary and appropriate.