

Case Number:	CM13-0047006		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2002
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 patient is a 58-year-old female with a diagnosis of low back pain with bilateral radicular pain, probable bilateral L5 radicular pain/radiculopathy, chemically-mediated; status post bilateral total knee arthroplasty; lumbar disc degeneration with annular tear at L4-5 and L5-S1; hypertension. The patient was seen on 10/21/2013 for a follow-up visit. She notes she is feeling better over the lower back. Her pain level to the low back is 4/10 to 5/10. The pain does extend down both legs bilaterally. The patient also has bilateral knee pain. The patient was at the appointment to discuss a bilateral L5-S1 transforaminal epidural steroid injection to assist with her pain. The patient has had epidural in the past, which did decrease her pain by greater than 50% for approximately 2 months. The patient's medication currently is Norco 10/325 mg 3 times a day, gabapentin, and Relafen; the last 2 did not have dose or frequency. On exam, the physician stated gait and transfers are unremarkable, no gross atrophy over the lower legs, sensation decreased along the left anterior lower leg. Straight leg raise testing is positive and causes bilateral leg pain. It was also noted that when the patient had the last epidural, she was able to walk approximately 50% better. The physician did go over with the patient to continue medication management and to continue to perform her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION 62278 76000 72275 90780: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injection Page(s): 45-46.

Decision rationale: The employee is a 58-year-old female with a date of injury of 10/16/2002. The employee has diagnoses of low back pain with bilateral radicular pain; probably bilateral L5 radicular pain/radiculopathy, chemical-mediated; status post bilateral total knee arthroplasty; lumbar disc degeneration with annular tears at L4-5 and L5-S1; hypertension. The employee was seen on 10/21/2013 for a follow-up visit to discuss epidural steroid injection. The employee has had epidural steroid injections in the past. The last one did help to decrease the pain by greater than 50% for approximately 2 months, and the employee was actually able to walk approximately 50% better after the epidural steroid injection. On examination, the employee had no difficulty with gait and transfers, did have some gross atrophy over the legs, sensation is decreased along the left anterior leg. Straight leg raise testing is positive and causes bilateral leg pain. The employee does note that the pain does extend down both legs bilaterally. The employee also has bilateral knee pain. According to the MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Criteria for use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initial unresponsiveness to conservative treatment. It was noted in order to receive repeat blocks, it 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. The employee did have the past notation that she is able to walk 50% better and did have at least 50% pain relief after the last injection. Given the documentation provided for review and the MTUS Guidelines, the employee does meet medical necessity for this procedure. Therefore, the request is certified.