

Case Number:	CM13-0048606		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2004
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pain Management, 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 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 patient is a 62-year-old female who reported an injury on 03/30/2004. The mechanism of injury was not provided in the medical records. The patient's initial course of treatment is unclear. However, she is currently under the management of a pain specialist and has been Final Determination Letter for IMR Case Number [REDACTED] provided with multiple epidural steroid injections, the most recent on 05/10/2013. The patient had an EMG/NCV performed on 09/26/2013. This study revealed no abnormalities of the bilateral lower extremities. It appears that the patient has chronic neck, lower back, and shoulder pain, with lumbar MRI evidence of a 3 mm posterior disc bulge at L2-3 with a prior laminectomy at this level. The patient also has evidence of a laminectomy and fusion at L3-4 with good instrumentation and a 4 mm anterior subluxation of L3 relative to L4, resulting in mild bilateral foraminal stenosis, but no central canal stenosis. There is also evidence of a laminectomy and fusion at L4-5 with a postoperative seroma in the superficial fascia. There was a 3 mm posterior disc bulge at L5-S1 with facet and ligamentum flavum hypertrophy, bilateral foraminal stenosis, and no central canal stenosis. The patient's epidural steroid injections in 01/2013 provided her with significant pain relief. However, the follow-up injections in 05/2013 did not. The patient's physical examination throughout the medical records provided, include a decreased sensation in the right L4, L5 and S1 dermatomes, dorsiflexion of the right foot 4+/5, negative straight leg raise, and a decreased but unquantified, deep tendon reflex of the right patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE RIGHT LUMBAR L4, L5, S1 SELECTIVE NERVE ROOT EPIDURAL STEROIDS UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for patients exhibiting radiculopathy on physical examination, and that is corroborated by imaging and/or electrodiagnostic testing. Patients must also be initially unresponsive to conservative treatment, to include exercises, physical methods, and medications. Guidelines state that repeat blocks should not be performed unless there is objective documented evidence of decreased pain and functional improvement, including at least 50% pain relief for 6 to 8 weeks. The clinical information submitted for review did not provide documented objective evidence that the patient's most recent epidural steroid injections provided significant relief. In fact, the patient states that less than 1 month later, she did not have significant pain relief and her symptoms remained unchanged. In all the clinical notes submitted for review, no pain levels were obtained as scored on a visual analog scale. Therefore, the objective efficacy of these injections cannot be determined. In addition, the patient's MRI study (unofficial) did not note any disc bulge at the L4 or L5 levels; however, there was a 3 mm disc bulge at L5-S1. Furthermore, the patient's EMG study did not provide any evidence of a lumbar radiculopathy. Without evidence of previous injection efficacy, supported by imaging/electrodiagnostic testing, repeat injections are not warranted at this time. As such, the request for 3 right lumbar L4, L5, S1 selective nerve root epidural steroid injections under fluoroscopy is non-certified.