

Case Number:	CM13-0062395		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2005
Decision Date:	05/13/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 is licensed to practice in California. 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 57-year-old male who reported an injury on 09/14/2005, the mechanism of injury reported was noted as cumulative trauma. The clinical note dated 10/25/2013, indicated that the injured worker had a history of surgery to include bilateral upper extremity surgeries in 2009 and 2011, as well as left knee surgery and low back fusion in 2011. The current medications are listed as Percocet, Lyrica, and Lorazepam. The injured worker is also noted to be using a knee brace. The physical exam noted that the injured worker had an antalgic gait to the left. The heel to toe walk was performed with difficulty on the right side and the injured worker was unable to perform it on the left side. There was noted to be mild facet tenderness from L3 through L5. The seated straight leg raise test was positive at 50 degrees on the left and the supine straight leg test was noted to be positive at 50 degrees on the left. The Farfan test was positive on the left and the right. The lumbar spine range of motion was noted to be lateral bending 10 degrees on the right side and 10 degrees on the left side and flexion 50 degrees and extension 10 degrees. The injured worker was noted to have decreased sensation in the left L5 dermatome. An assessment noted status post lumbar fusion at L4-S1, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint, and painful retained hardware. The clinical note discussion noted that the injured worker presented with moderate to severe low back pain radiating down the left lower extremity in the L5 distribution. The computerized tomography (CT) myelogram was reviewed and showed neural foraminal stenosis at L5-S1 level from prior fusion. The injured worker was noted to have moderate to severe left L5 distribution radiculopathy, with weakness of the extensor hallucis on the left. The injured worker was noted to have pain over the hardware in addition to facet pain and sacroiliac joint pain bilaterally. The date of the request was not provided in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines recommend the injections as an option of treatment for radicular pain, which is defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The specific criteria for the guidelines are that the most current guidelines recommend no more than two (2) sacroiliac injections. The purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but the treatment alone offers no significant long-term functional benefit. The criteria indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment such as exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The documentation provided for review did not contain any documentation pertaining to conservative treatment, such as home exercise, physical methods, NSAIDs, and/or muscle relaxants. There was no documentation provided of an MRI of the lumbar spine for review to corroborate with the documentation of the physical assessment provided for review documented 10/25/2013. The request is for two (2) injections and guidelines only support one (1) injection at a time to allow for the patient's response to be determined prior to another injection. Therefore, the request is non-certified.