

Case Number:	CM13-0070885		
Date Assigned:	01/08/2014	Date of Injury:	04/21/2009
Decision Date:	06/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/26/2013

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 41-year-old male with a reported date of injury on April 21, 2009. The mechanism of injury was not provided within the documents available for review. The injured worker complained of neck and low back pain, with radiation into the left lower extremity. The lumbar MRI dated May 10, 2012 revealed bone alignment within normal ranges, central canal is adequately patent. There was no evidence of signal abnormality within the existing nerve roots. The MRI revealed 2 - 3 mm posterior disc bulge at L4-5; and 2-3 mm posterior disc bulge at L5-S1. On March 13, 2013, the injured worker underwent a left-sided L5-S1 transforaminal epidural steroid injection with 70% to 80% relief for approximately 6 months. The injured worker rates his pain as 5/10 to 6/10. The lumbosacral spine range of motion was demonstrated as flexion to 50 degrees, extension to 25 degrees, lateral bending right and left was to 25 degrees bilaterally; and rotation to 45 degrees bilaterally. The injured worker's diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain, low back pain with radicular symptoms to the left lower extremity, and right elbow contusion. The injured worker's medication regimen included naproxen, Norflex and tizanidine 4 mg. The Request for Authorization for left L5 and S1 transforaminal epidural steroid injection to the lumbar spine was submitted on December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION TO LUBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION, 46

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Current guidelines recommend no more than two epidural steroid injections. Epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, injections should be performed using fluoroscopy, live x-ray for guidance. The MRI dated May 10, 2012 of the lumbar spine showed a 2 to 3 mm posterior disc bulge at L4-5 and L5-S1, without evidence of canal stenosis or neural foraminal narrowing. The MRI findings did not corroborate a diagnosis of lumbar radiculopathy or radiculitis. According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections, repeat blocks should be based on continued objective documented pain and functional improvement. On 03/13/2013, the injured worker underwent a left-sided L5-S1 transforaminal epidural steroid injection with 70% to 80% relief for approximately six months. The injured worker presented with positive left straight leg raise and decreased sensation to light touch over the left S1 dermatome. Although the physical exam was positive for radicular symptoms radiculopathy was not corroborated by imaging studies or electro-diagnostic testing. In addition, there is a lack of documentation related to the use of physical therapy in conjunction with the epidural steroid injections. The request for a left L5 and S1 transforaminal ESI to the lumbar spine is not medically necessary or appropriate.