

Case Number:	CM13-0072267		
Date Assigned:	01/17/2014	Date of Injury:	08/24/2011
Decision Date:	07/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice in New York. 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 76 year old male who was injured on August 24, 2011. He lifted and carried computer paper boxes each weighing approximately 100 pounds from a shelf at shoulder level to a dolly on the floor and as he bent down to place one of the boxes on the dolly, he felt a sharp pain in his lower back. His diagnosis is multilevel intervertebral lumbar disc syndrome with bilateral radiculitis, especially on the left. Prior treatment history has included oral medications including Soma, Motrin, Protonix, and Terocin cream; epidural injections to his lower back on September 12, 2012 and September 26, 2012; and physical therapy twice a week from February 2012 to April 2012. Diagnostic studies reviewed include electromyography performed on April 25, 2013 is normal. An x-ray of the lumbosacral spine dated April 9, 2013 shows slight straightening of the lumbar curvature in extension; slight to moderate straightening of the lumbar curvature in flexion. There is no evidence of translation. There is narrowing of the L4-L5 and L5-S1 disc spaces with anterolateral spur formation. An MRI of the lumbar spine dated April 7, 2012 demonstrates a 1.5 mm disc bulge at L1-2 indenting the thecal sac; a 2 mm disc osteophyte complex at L2-3 indenting the thecal sac; a 3 mm disc-osteophyte complex at L3-L4 with a suggestion of an annular fissure indenting the thecal sac, facet arthropathy, and disc desiccation; a 2 mm disc-osteophyte formation at L4-L5 contacting the thecal sac, facet arthropathy and a 2 mm anterolisthesis at L5-S1, facet arthropathy, narrowing of the neural foramina bilaterally. An orthopedic re-evaluation note dated November 25, 2013 indicates the patient presents for follow-up as he is 12 days status post lumbar epidural steroid injection at L2-L3 level. He notes approximately 50% pain relief that lasted a week. Objective findings on exam revealed soreness, aching and sharp pain of the lower back radiating into bilateral legs, especially the left. The pain is associated with a sensation of numbness of bilateral lower extremity, especially the left. He reports the pain is increased with repetitive bending, prolonged sitting, standing and walking and

repetitive climbing. He states the pain is not improved with rest. The lumbosacral spine is positive for slight increased lumbar lordosis, but normal dorsal kyphosis. There is no gibbus or scoliosis. On alternating weight on the lower extremities, there is evidence of muscle guarding in the paralumbar spinal muscles bilaterally, especially on the left. The patient localizes the pain at L5 in the midline and bilaterally, especially on the left. There is tenderness on the interspinous ligaments and posterior-superior iliac spines, bilaterally. There is tenderness noted on the left sciatic nerve at the sciatic notch. There is no tenderness noted on the right sciatic nerve at the sciatic notch. The lumbosacral spine exhibits decreased range of motion with pain. Right straight leg raise in the sitting position is to 90 degrees is positive with a negative Lasegue's sign. Left straight leg raise in the sitting position into 90 degrees is positive with a positive Lasegue's sign. On neurological exam, knee and ankle reflexes are normal bilaterally. Sensation to light touch is normal in both lower extremities. There is no evidence of localized muscle weakness in the lower extremities. There is no evidence of localized muscle atrophy on the lower extremities. The treating provider has requested an epidural steroid injection at L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC PHASE LUMBAR EPIDURAL STEROID INJECTION (ESI) AT L2-3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic, Epidural steroid injections (ESIs), Therapeutic.

Decision rationale: As per the California MTUS guidelines, the purpose of ESI 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 offers no significant long-term functional benefit. Further guidelines indicate that 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 six to eight weeks. The ODG recommends that if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. The medical records document that prior ESI at L2-3 level gave 50% relief of symptoms for 1 week only. Based on the ODG and California MTUS guidelines criteria as well as the clinical documentation stated above, the request is not medically necessary at this time.