

Case Number:	CM13-0072649		
Date Assigned:	01/08/2014	Date of Injury:	11/10/2003
Decision Date:	12/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Pain Management 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:

This is a male who suffered a industrial related injury. A physician's report dated 8/22/14 noted the injured worker had a longstanging history of sharp low back pain radiating into the bilateral lower extremities, left greater than right. The injured worker received multiple lumbar epidural steriod injections which was noted to have provided long term symptomatic relief. The note also shows decreased left lower extremity motor nerve root strength in all planes with negative straight leg raise. The injured worker was prescribed Voltaren gel and Ibuprofen. A MRI report dated 8/9/10 shows mild loss of lumbar lordosis, annular tearing at L4-5 with mild retrolisthesis, broad based disc protrusion at L4-L5 and L5-S1, mild right lateral recess narrowing, mild to moderate right neuroforaminal narrowing, and no significant central canal narrowing. The report also noted suspicion for a small herniation and mild right and left neural foraminal narrowing. Electromyogram results dated 2/14/11 show no evidence for lumbar radiculopathy, mono, or poly neuropathy affecting bilateral lower extremities. The results note a normal nerve conduction study of the lumbar spine and bilateral lower extremities. A physician's report dated 11/15/13 noted diagnoses of lumbar/thoracic radiculopathy and lumbar disc herniation. The plan of care included the request for bilateral L5-S1 epidural steriod inections. On 12/24/13 the utilization review (UR) physician denied the request for a bilateral L4-5 and L5-S1 transforaminal epidural steriod injection. The UR physician noted the presence of the findings on the MRI in and of itself does not make the diagnosis of radiculopathy. The UR physican also noted the Medical Treatment Utilization Schedule criteria for radiculopathy was not met therefore the request for a epidural steriod injection is denied. A preauthorization request dated November 18, 2013 reports "decreased dermatome bilaterally L5/S1."

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, the physical examination findings supporting a diagnosis of radiculopathy at the proposed levels are somewhat nonspecific and the MRI report has not been provided for review. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.