

Case Number:	CM14-0000325		
Date Assigned:	01/10/2014	Date of Injury:	02/17/2008
Decision Date:	04/22/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, and is licensed to practice in California and Oklahoma. 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 59-year-old female who was injured on 02/17/2008. The mechanism of injury is unknown. Prior treatment history has included medications to include Naproxen and omeprazole as well as physical therapy, chiropractic treatment and rest and home exercise program. On 09/27/2013, the patient underwent fluoroscopically guided cannulation of the right L4-5 epidural interspace through a transforaminal approach for an infusion of local anesthetic and steroid. Diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine dated 01/07/2013 revealing spondylosis with multiple disc desiccation, posterior disc bulge or protrusion and hypertrophic facet arthropathy. The worst level is at L4-5 as described. There is mild to moderate canal stenosis and mild neuroforaminal stenosis as enumerated above. The progress note dated 07/02/2013 documented the patient to have complaints of low back pain. The pain is described as decreased, radiating to the right leg. The patient admits to having seen a physician at [REDACTED]. She admits to having had a right sacroiliac joint injection on June 21, 2013, which helped by 20% relief of pain and the pain now remain the same. She is not taking medications. She received relief from injection for a short period of time. The discussion, as was stated, she received mild relief from the sacroiliac joint but it appears that most of her low back pain is coming from discs along with radicular symptoms in the L3 and L4 distribution. Progress note dated 10/25/2013 documented the patient with complaints of low back pain. The pain is described as decreased, which she rates as 7/10. She has no mid back or lower back pain. On 09/27/2013 she had right L3-L4 and L4-L5 transforaminal epidural steroid injections with 60% better from her pain to the mid and lower back to just center of the right buttock into the groin. The patient has decreased pain and decreased radiating symptoms. She is not taking medications. Objective findings on exam revealed there is decreased sensation noted at the L4 dermatomes on the right. There is trace sensation on L3 on the right. Discussion: The patient

underwent right L4-L4 and L4-L5 transforaminal epidural steroid injections on 09/27/2013. She states that since her injections, she had decreased in her radiating symptoms and decreased in pain. Her pain level at this time is 6/10. She reports that she is able to walk longer and without aggravating her chief complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND RIGHT L3-L4 AND RIGHT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

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

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

Decision rationale: The CA MTUS treatment guidelines for Epidural steroid injections (ESIs) detail: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendation were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. The current recommendation suggests a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient had a 60% reduction in pain on the previous ESI. Since the previous ESI was effective, a second ESI is medically necessary.