

Case Number:	CM14-0004338		
Date Assigned:	02/05/2014	Date of Injury:	06/01/2005
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, 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:

The patient is a 53 year-old female who has submitted a claim for degenerative spondylolisthesis L4-L5 with lumbar spinal stenosis, lumbar radiculopathy, and cervical spondylosis and cervical radiculopathy associated with an industrial injury date of June 1, 2005. Medical records from 2006-2013 were reviewed, the latest of which (October 24, 2013) revealed that the patient is status post lumbar epidural steroid injection on 5/31/13 with 90% pain relief in the low back and 90% relief in the legs. Medication use has decreased by approximately 50%. Functional ability has increased a lot in terms of activity level and endurance. The pain is increasing in her low back to bilateral legs in the L5 distribution. On physical examination, range of motion has improved. Straight leg raising test is positive at 60 degrees. Sensation is decreased in the posterior thigh (L5). The patient is able to do heel-toe walk. There are positive triggers at bilateral L5. An x-ray of the lumbar spine revealed stable appearance of grade 1 anterolisthesis at L4-5 with disc space narrowing at L4-5 and L5-S1. A CT scan of the lumbar spine revealed severe bilateral neural foraminal narrowing with mild canal stenosis secondary to grade 1 anterolisthesis and accompanying 2mm posterior disc bulge and mild facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing at the L4-5 level. An MRI of the lumbar spine done on December 19, 2008 revealed disc bulging seen at L2-3, L3-4, and L5-S1. Also, degenerative changes were present at multiple levels. An MRI of the lumbar spine done on August 4, 2011 revealed 1mm broad based posterior disc bulge at T10-T11; hypertrophic changes of ligamentum flavum at L2-L3 bilaterally, 2mm right sided and 4mm left sided posterolateral disc protrusion; and 2mm disc bulge at L3-L4, 12mm anterolisthesis of L4 over L5, marked narrowing of both neural foramina. An MRI of the lumbar spine done on December 29, 2012 revealed multilevel disc protrusion at T10-T11 and T11-T12; there is disc desiccation at L2-L3 level; hypertrophic changes at facer joints of L3-4 with hypertrophy of

ligamentum flavum; marked degree of central stenosis at L4-L5; and mild hypertrophic changes at facet joints of L5-S1 level bilaterally. Treatment to date has included multiple lumbar epidural steroid injections at L4-5 (latest done on 5/31/13), acupuncture, physical therapy, a home exercise program, and medications which include Lyrica, Vicodin, ibuprofen, Relafen, Cyclobenzaprine, acetaminophen with codeine, Voltaren, Tylenol#4, Tylenol#3, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 TRANSFORAMINAL INJECTION UNDER FLUOROSCOPY:

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, CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS, 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology, and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following the previous injection(s), with a general recommendation of no more than four blocks per region per year. In addition, the ACOEM guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, the patient has received extensive treatment for low back pain, including multiple lumbar epidural steroid injections. The latest lumbar epidural steroid injection was done on 5/31/13 with 90% pain relief in the low back and 90% relief in the legs. In the most recent clinical evaluation, the patient reports that functional ability has increased a lot with an increase in activity level and endurance. However, there is noted increasing pain in the low back to bilateral legs in L5 distribution. Although range of motion has improved, there is still noted positive straight leg raising test at 60 degrees, decreased sensation in the posterior thigh (L5), and positive triggers at bilateral L5. There are subjective and objective findings that warrant further treatment with lumbar epidural steroid injection. However, the clinical records do not document if the noted pain relief from the previous procedure lasted 6 to 8 weeks. As such, the request is not medically necessary.