

Case Number:	CM14-0007430		
Date Assigned:	02/07/2014	Date of Injury:	11/26/2002
Decision Date:	07/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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. 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 64-year-old female who has submitted a claim for L5-S1 disc protrusion with radiculopathy, refractory status post lumbar decompression associated with an industrial injury date of November 26, 2002. Medical records from 2012-2013 were reviewed. The patient complained of chronic low back pain, grade 7/10 in severity. There were right lower extremity symptoms as well. Physical examination showed tenderness of the lumbar spine. Lumbar range of motion was normal. Straight leg raise test was positive bilaterally. There was hypesthesia in the right S1 distribution and absent ankle jerk on the right. Motor strength was intact. MRI of the lumbar spine dated July 17, 2013 showed L5-S1 right-sided disc herniation, central and right paracentral compressing the right S1 nerve root in the right lateral recess. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, aqua therapy, acupuncture, psychotherapy, home exercise program, activity modification, TENS, and lumbar spine surgery. Utilization review, dated December 20, 2013, denied the request for trial of 3 lumbar epidural steroid injection at right L5-S1 level because the MRI showed no evidence of significant neural foraminal narrowing at L5-S1 level. There were no objective signs of radiculopathy at the L5-S1 level as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF 3 LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L5-S1 LEVEL:
Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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. In this case, the patient has persistent low back pain with non-specific right lower extremity symptoms. The patient presented with right hypesthesia on the S1 distribution and absent ankle jerk reflex. MRI of the lumbar spine, dated July 17, 2013, revealed L5-S1 right-sided disc herniation, central and right paracentral compressing the right S1 nerve root in the right lateral recess. The MRI findings are consistent with the patient's physical examination. According to the patient, previous epidural steroid injections of the lumbar spine benefited her in the past. However, objective pain relief measures and evidence of functional improvement were not documented. Reduced need for opioids was not documented. Moreover, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, it is not necessary to certify multiple epidural steroid injections without assessing outcomes of initial ESI. Therefore, the request for trial of three lumbar epidural steroid injections at right L5-S1 level is not medically necessary.