

Case Number:	CM14-0008360		
Date Assigned:	08/27/2014	Date of Injury:	05/09/2011
Decision Date:	09/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old female who reported an injury after driving a school bus with a broken seat on 05/09/2011. The clinical note dated 04/03/2014 indicated diagnoses of lumbar facet degenerative disc disease, multilevel low back pain with right lower extremity L5 lumbar radiculitis, right thoracic left lumbar scoliosis. The injured worker described her back pain as severe that radiated into the neck, shoulder, upper arm, elbow, forearm, wrist, hand, fingers, upper back, lower back, hip, buttocks, tailbone, thigh, leg, knee, ankles, foot and toes. The injured worker rated her pain at a 10/10, described her symptoms as frequent and unchanged. The symptoms were worse in the morning, during the day and at night and were aggravated by pushing, kneeling, squatting, prolonged sitting, reaching overhead, pulling, stairs, lifting and bending, improved with elevation and medication. The injured worker described her right hip pain at severe that radiated into the neck, buttock, hip, leg, knees, ankle, foot and toes that included swelling, clicking, fever, popping, stiffness, stabbing pain, weakness, giving way, numbness and tenderness. She rated her pain 10/10 and described it as constant and worsening and unchanged. The symptoms were worse during activity, morning, and night and were aggravated by pushing, kneeling squatting, prolonged sitting, pulling, and stairs, lifting and bending and were improved by medications and activity. The injured worker described her right leg and right knee pain as severe that radiated and were worse in the morning and night and were aggravated by pushing, kneeling, prolonged sitting, pulling, and stairs and bending. The injured worker reported the symptoms were improved with elevation, medication and no activity. On physical examination of the lumbar spine, the injured worker's gait was mildly antalgic because of the low back pain. The paraspinal muscles were symmetrical without any swelling or muscle spasms. The injured worker's lumbar spine range of motion revealed forward flexion of 60 degrees with pain, extension of 10 degrees, right lateral bending of 15 degrees, left lower

bending of 10 degrees with pain. The injured worker's straight leg raise was negative bilaterally. Faber was positive on the right, positive on the left. The injured worker's treatment plan included proceed with lumbar epidural steroid injection, Norco, Norflex, omeprazole, ibuprofen, recheck in 4 weeks. The injured worker's prior treatments included diagnostic imaging, medication regimen and an epidural steroid injection dated 03/04/2014 at the L5-S1 level. The injured worker's medication regimen included the medications above. The provider submitted a request for lumbar epidural steroid injection times 2 at bilateral L4-5 and L5-S1. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection X2 at bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: The request for Lumbar epidural steroid injection X2 at bilateral L4-L5 and L5-S1 is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. It was indicated the injured worker had an epidural steroid injection at L5-S1 on 03/04/2014; however, there is lack of documentation of efficacy and functional improvement with the use of that epidural. The documentation does not indicate a reduction in medication use for 6 to 8 weeks. Moreover, the request is for injection times 2 at bilateral L4-5 and L5-S1. Per the guidelines, current research does not support a series of 3 injections in either diagnostic or therapeutic phase. Additionally, the official MRI was not submitted for review to corroborate radiculopathy. Moreover, the request does not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.