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| Case Number: | CM14-0008570 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 02/09/2010 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 12/17/2013 |
| 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 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 54-year-old male who has submitted a claim for lumbosacral neuritis, lumbar/lumbosacral disc degeneration, cervical disc degeneration, brachial neuritis, and lumbosacral spondylitis; associated from an industrial injury date of 02/09/2010. Medical records from 08/20/013 to 12/23/2013 were reviewed and showed that patient complained of low back pain, graded 6/10, radiating into the right leg, with associated numbness over the right foot. The patient received epidural steroid injections on 08/30/2013 and 10/14/2013, and claims improvement of pain. Physical examination showed tenderness of the lumbar paravertebral muscles with hypertonicity, spasm, and trigger points. Tenderness was also noted over the sacroiliac spine. Lumbar facet loading is positive on the right. Seated and standing straight leg raise, and FABER tests were positive on the right side. Motor strength and sensation were decreased in the right lower extremity. An MRI of the lumbar spine, dated 03/27/2012, revealed degenerative disc disease and facet joint arthropathy with disc protrusion and annular tears seen at multiple levels, and severe right-sided foraminal narrowing at L5-S1 with possible L5 nerve root impingement. EMG/NCV, dated 05/01/2012, revealed evidence of lumbar radiculopathy of the right L5-S1 nerve roots. Official reports of these studies were not available. Treatment to date has included oral analgesics, chiropractic and physical therapy, TENS, and epidural steroid injections. A utilization review, dated 12/17/2013, denied the request for epidural spinal injection because there was no documentation of percentage of improvement from second ESI, and guidelines do not recommend series of three injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT THIRD RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 6 to 8 weeks. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. In this case, the patient complains of low back pain accompanied by radicular symptoms despite oral analgesics and physical therapy. On physical exam, provocation tests were positive; decreased motor strength and sensation were noted in the right leg. An MRI, dated 03/12/2012, revealed severe right-sided foraminal narrowing at L5-S1 with possible L5 nerve root impingement. An EMG/NCV, dated 05/01/2012, revealed evidence of lumbar radiculopathy of the right L5-S1 nerve roots. The patient has had 2 prior ESIs, the latest of which was on 10/14/2013. However, there was no documentation indicating percentage and duration of pain relief. Furthermore, the MTUS Chronic Pain Guidelines do not recommend more than 2 ESIs. The criteria for ESI have not been met. Therefore, the request is not medically necessary and appropriate.