

Case Number:	CM14-0008895		
Date Assigned:	02/05/2014	Date of Injury:	10/04/2002
Decision Date:	02/20/2014	UR Denial Date:	12/31/2013
Priority:	Expedited	Application Received:	01/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 48 year-old female sustained an injury on 10/4/02 while employed by [REDACTED]. Request under consideration include URGENT lumbar epidural steroid injection Left S1. Report of 12/5/13 from [REDACTED] noted the patient with low back pain. Exam showed posterior lumbar musculature tenderness to palpation bilaterally with increased rigidity with numerous palpable and taut bands throughout lumbar paraspinals muscles; ROM is decreased in all planes; left lower extremity weakness 4+/5 throughout; Sensory decreased along posterolateral thigh and calf on left L5-S1 compared to right; SLR positive 60 degrees causing radicular symptoms to left. Medication lists Norco, FexMid, Topamax, Xanax, Bentyl, Topical analgesic cream, Medical marijuana, Librium, Naproxen, Cymbalta, Protonix, and Donnatal PRN. Diagnostic study listed 2009 lumbar spine MRI with disc protrusion at L3-4 and facet arthropathy along with EMG by [REDACTED] on 7/9/08 which revealed normal electrodiagnostic study of the lower extremities. [REDACTED] report of 1/9/14 noted MRI of lumbar spine of 11/26/13 showed 3-4 mm disc bulge at L4-5 and L3-4 with neural stenosis and post-surgical changes at L5-S1; Electrodiagnostic studies revealed L5 and S1 radiculopathy on the left. It was reported the patient has responded to LESI in the past, last one done on 6/21/12 at left L5-S1 which provided relief lasting 3-4 months; however, pain has returned and the patient is requesting trigger point injections to her lower back since it provided relief close to 7-10 days. Exam had identical findings to report of 12/5/13. Diagnoses included s/p L5-S1 anterior posterior interbody fusion on 3/17/06 with residual radicular back pain; Lumbar facet arthropathy at L3-5; s/p small bowel obstruction; irritable bowel syndrome; posterior fusion hardware removal 7/23/09; and cervical spine strain. Plan was for repeat Left L5-S1 epidural injection as previous had provided at least 50% relief for

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT lumbar epidural steroid injection Left S1: 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 (ESIs) Page(s): 46.

Decision rationale: This 48 year-old female sustained an injury on 10/4/02 while employed by Organ on Biosciences International. Report of 12/5/13 from ██████████ noted the patient with low back pain along with significant positive findings on clinical exam with motor strength decreased to 4+/5 and decreased sensation along left lower L5-S1 with MRI and EMG reports. Medication lists Norco, FexMid, Topamax, Xanax, Bentyl, Topical analgesic cream, Medical marijuana, Librium, Naproxen, Cymbalta, Protonix, and Donnatal PRN. Diagnoses included s/p L5-S1 anterior posterior interbody fusion on 3/17/06 with residual radicular back pain; Lumbar facet arthropathy at L3-5; s/p small bowel obstruction; irritable bowel syndrome; posterior fusion hardware removal 7/23/09; and cervical spine strain. Plan was for repeat LESI at left L5 and S1. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. There are two conflicting electrodiagnostic testing results, one revealing normal findings while another noted exactly left L5 and S1 radiculopathy findings. In addition, to repeat a LESI 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. Conflicting reports of pain relief and duration have been submitted from previous LESI performed. Although ██████████ noted patient with 50% pain relief for 3-4 months, AME re-evaluation report from ██████████ specifically opined no further indication for facet/epidural lumbar injections as the patient only had temporary relief and noted no further use of botulinum toxin or indication for surgery was recommended. Review does not indicate any change in medication usage, decrease in medical utilization or functional improvement as required per guidelines criteria. Criteria to repeat the LESI have not been met or established. The URGENT lumbar epidural steroid injection Left S1 is not medically necessary and appropriate.