

Case Number:	CM14-0009523		
Date Assigned:	02/14/2014	Date of Injury:	07/24/2001
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal 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:

Patient is an injured worker with lumbar back condition. Date of injury was 07-24-2001. Primary treating physician's progress report (PR-2) dated 01-06-2014 was provided by [REDACTED]. Subjective Complaints: Patients reports continued pain in the right buttocks radiating down the right leg, into the foot and toes with numbness in the same distribution. Had prior ESIs done as noted and just had his request for a repeat right lumbar ESI denied with the reason stated per patient is that he did not get relief on the right. However the only time the patient did not get good relief on the right was when a Bilateral ESI was administered only at the L5 level. All other times when he had the right side injected he does/did report relief. Prior Injections: 10/17/13 ESI Left L5 and SI 6/18/13 ESI Bilateral L5 3/19/13 ESI Left L5 and SI 9/28/12 ESI Left L5 and SI 5/11/12 ESI Right L4 and Right L5 4/6/12 ESI Left L5 and Left SI 9/27/11 ESI Left L5 and Left S1 7/5/11 ESI Right L5 and Right SI 6/20/11 ESI Left L5 and Left SI. From other available outside scanned records good relief is documented for injections as noted below: 2/11/2011 ESI Bilat L4-5 and Left L5-S1 5/2010 ESI Bilat L3-4 2/14/2008 ESI Right L4-5 and Right L3-4 The patient continues off work due to level of restrictions not being accommodated. He continues unable to increase activity level due to increased right side symptoms. Medications: Tylenol #3 as needed currently QD, Clonazepam QD as needed, Lidoderm, has TENS unit. Objective Findings: Alert and oriented still appearing uncomfortable standing during much of the visit. Back: still with limited range of motion with pain and tightness with some tenderness and tightness in the lower lumbar area. Gait: antalgic, hunching/bent forward. Straight leg raise: positive on the right down leg to the lateral and dorsal foot, no radiation of pain on the left - only buttock and neuro: Reflexes full and equal at the patellar and Achilles' tendons. Sensation and strength in the right lower extremity are not appreciably decreased. Diagnoses: chronic low back

pain, degeneration of lumbar intervertebral disc. Treatment Plan: Had very good response to the 10/17/13 Left L5, SI ESI for left lower extremity symptoms with resolution of left radicular symptoms. Now right lower extremity symptoms have increased to a level significantly limiting functional activity. The patient has had a good response to Right ESIs in the past with the exception of the 6/18/2013 Bilateral L5 ESI. It would be expected that this patient would see good benefit with a Right ESI more likely if it includes injection at more than 1 level as has improved symptoms in the past. This certainly should be authorized so that this patient will get some relief from his current limiting right radicular symptoms requesting authorization for right L/S ESI. Request for authorization for medical treatment (RFA) 01-08-2014 requested Epidural Steroid Injection Right L. ESI. PR-2 progress note 06-25-2013 documented that the patient experienced "only a few days of improvement in symptoms" with 06-18-13 ESI bilateral L5. Utilization review dated 01-15-2014 recommended non-certification of the request for right lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

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

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Proof is still lacking. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints does not present epidural injections as a recommended procedure for low back complaints. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) states that epidural steroid injections (ESIs) are associated with a fracture risk. Lumbar ESIs are associated with an increased risk for spinal fracture. Each single additional ESI increased the risk for fracture by 21%, with an increasing number of ESIs associated with an increasing likelihood of fracture. Use of ESIs seems to promote deterioration of skeletal quality. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) addresses epidural steroid injections (ESI). Most current guidelines recommend no more than 2 ESI injections. ESI treatment alone offers no significant long-term functional benefit. "We recommend no more than 2 ESI injections." Primary treating physician's progress report (PR-2) 01-06-2014 documented that the patient has received a total of 12 lumbosacral epidural steroid injections from February 2008 through October 2013. Six epidural steroid injections were performed on the right side. Three epidural steroid injections were performed in 2013 (3/19, 6/18, 10/17). Bilateral L5 ESI performed 6/18/2013 did not provide a good response. PR-2

progress note 06-25-2013 documented that the patient experienced "only a few days of improvement in symptoms" from the bilateral L5 ESI performed on 06-18-13. MTUS guidelines recommend no more than 2 ESI injections. Patient has received a total of 12 ESI injections. Patient has received 3 ESI injections in 2013. Patient has exceeded the recommended quantity of ESI injections. Furthermore, the most recent bilateral lumbar ESI performed on 06-18-2013 provided minimal benefit. Therefore, the request for RIGHT LUMBAR EPIDURAL STEROID INJECTION is not medically necessary.