

Case Number:	CM14-0103502		
Date Assigned:	07/30/2014	Date of Injury:	09/26/2000
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 75-year-old male who reported injury on 09/26/2000, sustained injuries to the knees, low back and hernia. The injured worker's treatment history included x-rays, MRI studies, EMG/NCV studies, physical therapy sessions and transforaminal epidural steroid injections. Within the documentation submitted it was documented the injured worker has had multiple transforaminal epidural steroid injections on the left at L4-5 and L5-S1. The transforaminal epidural steroid injections were received on 01/30/2012, 07/16/2012 and 09/05/2012. The injured worker also received transforaminal epidural steroid injection on the left at L4-5 and L5-S1 on 01/09/2009 and 04/24/2009. The injured worker was evaluated on 05/21/2014 and it was documented that the injured worker complained of lower back pain. The injured worker's pain with medication was a 6/10. The injured worker rated his pain without medications 8/10. The injured worker reported increased lower back that radiated his left leg. Quality of sleep was fair. The injured worker noted that his Neurontin and Lidoderm patch were very help to reduce his neuropathic pain. However, he reported that sciatic pain had increased since the last visit. He was interested in pursuing epidural injection as previous injections were very helpful to reduce his pain. The last injection was helpful to reduce his pain by more than 50% over 6 months. Within the documentation it was noted the injured worker had undergone an MRI on 08/14/2009, of the lumbar spine that revealed signs of moderate facet arthropathy in the lumbar region L4-5 and L5-1 (L5-S1) bilaterally. There were multilevel disc protrusions degeneration. Physical examination of the lumbar spine revealed range of motion restricted with flexion limited to 45 degrees, limited by pain, extension was 15 degrees, right lateral bending was 25 degrees, left lateral bending was 25 degrees and painful with increased stiffness in movement. On palpation, paravertebral muscles, hypertonicity spasm, tenderness and tight muscle band was noted on both sides. Lumbar facet loading was negative on both sides.

Straight leg raising test was positive on the left side in sitting at 10 degrees. Sensory examination, sensation to light touch was decreased over the L4 and L5 lower extremity dermatomes on the left side. Sensation to pinprick was decreased over the L4 and L5 lower extremity dermatomes on the left side. Medications included Neurontin 300 mg and Lidoderm patch. Diagnosis included hip pain and hip DJD. The Request for Authorization dated 05/28/2014 was for a transforaminal lumbar epidural steroid injection at left L4-5 and L5-S1. The rationale was for injured worker's significant low back pain and radiating leg pain that had gradually returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at Left L4-5 and L5-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: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker has received multiple transforaminal lumbar epidural steroid injection however, the pain gradually returns. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for transforaminal lumbar epidural steroid injection at Left L4-5 and L5-S1 is not medically necessary.