

Case Number:	CM14-0103609		
Date Assigned:	09/16/2014	Date of Injury:	11/03/1998
Decision Date:	12/02/2014	UR Denial Date:	07/01/2014
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 Physical Medicine & 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 57-year-old male with a reported injury on 11/03/1998. The mechanism of injury was not provided. The injured worker's diagnoses included chronic pain syndrome, lumbar pain, lumbar radiculopathy, lumbar degenerative disc disease, anxiety, depression, chronic insomnia, and opioid dependence. His previous treatments have included medications, an implanted drug delivery system, nerve blocks, sacroiliac joint blocks, facet blocks, and a home exercise program. His diagnostic studies included lumbar spine x-rays which revealed mild scoliosis convexity to the left, centered at L3. There appeared to be overlying nerve stimulators. Disc space and vertebral body heights were well maintained with some narrowing of the L5 disc and end plate sclerosis with air vacuum phenomenon consistent with degenerative disc disease. There were some degenerative changes of the facet joints primarily from L3-S1. The remainder of the findings were unremarkable. His surgical history included an ACL repair of the right knee in 2000, an unspecified surgery in 2009 with 2 stents placed, an implanted drug delivery system undated, and a reimplantation of the drug delivery system due to battery end of life in 2007; however, it became infected and was subsequently explanted. The injured worker was evaluated for medication management on 06/13/2014. The clinician indicated that the injured worker had lost 40 pounds since 02/20/2014 due to an infected liver. The injured worker had been approved for psychological evaluation and cognitive behavioral therapy but had not started it due to his illness. The injured worker reported pain in the head, bilateral legs, bilateral low back, and bilateral ankles/feet. He reported that the frequency of pain/spasticity was worsening. The quality of the pain was described as sharp, aching, shooting, throbbing, burning, and electrical. The pain was made better by nerve blocks. In the last month, with medications, the injured worker stated the least pain was 9/10. The average pain was 9/10 and the worst pain was 9/10, with 1 being the least pain and 10 being the worst pain. In the last month without

medications, the injured worker stated the least pain was 10/10, the average pain was 10/10, and the worst pain was 10/10. He described the pain as being worse all day. The injured worker stated he could tolerate a pain level of 7/10. The injured worker was able to leave the home without assistance and did not use assistive devices. The injured worker reported anxiety. Interventions in the month prior to the visit included a nerve block which made the pain better, a sacroiliac joint block which made the pain better, a facet joint block which made the pain better, and a pump trial/implant which made the pain better. The clinician observed and reported that the injured worker ambulated and transferred slowly without assistive devices. There was decreased torso range of motion due to pain. The bilateral legs were positive for radicular symptoms and the straight leg test was positive at 30 degrees. There were decreased deep tendon reflexes in the patellar and ankle. The treatment plan was to continue the injured worker's medications and request authorization for a lumbar epidural steroid injection at L4-5 level to reduce his back and bilateral leg radicular symptoms. The injured worker's most recent lumbar epidural steroid injection was on 07/10/2013. On 08/01/2013, the injured worker reported worsening of his pain, with medications 7/10 and without medications 9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): PAGE 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The injured worker continued to complain of back pain with radicular symptoms. The California MTUS Chronic Pain Guidelines do recommend epidural steroid injections as an option for treatment of radicular pain. However, the guidelines also state that 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region. The guidelines also indicate that the injection should be performed using fluoroscopy for guidance. The injured worker's last lumbar epidural steroid injection was on 07/10/2013. Less than 1 month later, he described his pain as 7/10 to 9/10 and no decrease in medication use was indicated. Additionally, the request did not include fluoroscopy for guidance. Medical necessity has not been established based on the provided documentation and review of the guidelines. Therefore, the request for L4-5 Epidural Steroid Injection is not medically necessary.