

Case Number:	CM14-0108060		
Date Assigned:	09/24/2014	Date of Injury:	04/06/2007
Decision Date:	11/04/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas and Ohio. 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 female who reported an injury on 04/06/2007 due to an unspecified cause of injury. The injured worker complained of lower back pain that radiated mostly down the right lower extremity down to the buttocks. The medications included hydrocodone, prednisone, naproxen, and omeprazole. The lumbar spine evaluation dated 05/07/2014 revealed normal lumbar active range of motion which was guarded with limiting factors of pain. Range of motion was flexion at 45 degrees and extension at 20 degrees. For gait and physical aids, the injured worker had an antalgic gait to the right. Reflexes revealed 2+ bilaterally. Palpation was tender at the S1, paraspinous muscles, sciatic notch, and gluteal area. The MRI scan dated 05/30/2014 revealed a 2 level disease at the L4-5 and grade 1 anterolisthesis with degenerative disc disease and disc protrusion with severe central stenosis with facet and ligamentum flavum hypertrophy with bilateral neural foraminal narrowing with possible contact of the exiting nerve roots. The diagnoses included lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, lumbar spine spinal stenosis, and spondylolisthesis. The treatment plan included an epidural steroid injection at the L4 and at the L5. The Request for Authorization dated 07/01/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with Fluoroscopy right L4 Transforaminal/Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fluoroscopy (for ESI's)

Decision rationale: The request for a lumbar epidural steroid injection with fluoroscopy at right L4 transforaminal caudal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for the treatment of radicular pain. The epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including a continued home exercise program. There was no information on improved function. The criteria for an ESI are radiculopathy must be documented by a physical examination and corroborated by imaging studies; patients must be initially unresponsive to conservative care; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injections using the transforaminal blocks. The MRI was not evident of radicular findings. The documentation lacked evidence of failed conservative care or a continued home exercise program. The Official Disability Guidelines indicate that fluoroscopy is recommended and is considered important in guiding the needle into the epidural space as control studies have found that medication is misplaced in 13% to 40% of epidural steroid injections that are done without fluoroscopy. As such, the request is not medically necessary.

Lumbar Epidural Steroid Injection with Fluoroscopy right L5 Transforaminal/Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low pain, Fluoroscopy (for ESI's)

Decision rationale: The request for a lumbar epidural steroid injection with fluoroscopy at right L5 transforaminal caudal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for the treatment of radicular pain. The epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including a continued home exercise program. There was no information on improved function. The criteria for an ESI are radiculopathy must be documented by a physical examination and corroborated by imaging studies; patients must be initially unresponsive to conservative care; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injections using the transforaminal blocks. The MRI was not evident of radicular findings. The documentation lacked evidence of failed conservative care or a continued home exercise program. The Official Disability Guidelines indicate that fluoroscopy is recommended and is considered important in guiding the needle into the epidural space as

control studies have found that medication is misplaced in 13% to 40% of epidural steroid injections that are done without fluoroscopy. As such, the request is not medically necessary.