

Case Number:	CM14-0012302		
Date Assigned:	02/21/2014	Date of Injury:	12/15/1999
Decision Date:	07/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 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 patient is a 49-year-old male who has submitted a claim for low back pain, foot pain, and lumbar disc disease with radiculitis; associated with an industrial injury date of 12/15/1999. Medical records from 2013 to 2014 were reviewed and showed that patient complained of flare up of his back pain. The patient was bedbound and unable to do any functional activities. He has had two previous epidural steroid injections which provided >50% pain relief and allowed reduction of pain medication intake. Physical examination showed that gait was non-antalgic. Patient was able to sit for 15 minutes without pain. Range of motion was limited to pain in all planes. Muscle guarding was also noted. Motor testing was normal. Decreased sensation was noted over the L4-L5 dermatomal distribution in the right lower extremity. MRI of the lumbar spine, dated 03/08/2013, showed moderate and minimal foraminal narrowing at the level of the left and right L4-L5, respectively; and marked and moderate to marked foraminal narrowing at the level of the left and right L5-S1, respectively. Treatment to date has included medications, physical therapy, and ESI. Utilization review, dated 01/16/2014, denied the request for epidural steroid injection because there was no evidence of radiculopathy on physical examination or electrodiagnostic assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4, 5 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION (LTFESI) X1: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 per year. Guidelines do not support 'series-of-three' injections. In this case, patient complains of back pain despite medications and physical therapy. Patient has had two previous ESIs, which provided >50% pain relief and allowed reduction of pain medication intake. Physical examination showed decreased sensation the L4-L5 dermatomal distribution in the right lower extremity; however, radiculopathy was not demonstrated. MRI of the lumbar spine, dated 03/08/2013, showed moderate and minimal foraminal narrowing at the level of the left and right L4-L5. The medical necessity seems apparent. However, the sensory deficit is unilateral and there is no discussion regarding the need to perform a bilateral ESI, given that there is minimal right foraminal narrowing at the level of L4-L5. Furthermore, guidelines do not support more than 2 ESIs. Therefore, the request for BILATERAL L4, 5 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION (LTFESI) X1 is not medically necessary.