

Case Number:	CM14-0014410		
Date Assigned:	02/28/2014	Date of Injury:	04/04/2011
Decision Date:	10/06/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61 year old male employee with date of injury of 4/4/2011. A review of the medical records indicates that the patient is undergoing treatment for L4-5, L3-4 4mm disc protrusion, with facet arthropathy, foraminal stenosis; left lumbar radiculitis-L5 radiculopathy; left hip strain; thoracolumbar spine sprain/strain. The patient has cervical syndrome with radiculopathy, thoracic musculoligamentous sprain, right shoulders. Subjective complaints include persistent pain in low back radiating to left leg. The patient has persistent pain in lower back which radiates to lower extremity with numbness and paresthesia. An epidural steroid injection only gave minimal improvement in his symptoms. He walks with a cane and uses a lumbar brace. Objective findings include MRI conducted on lumbar spine on 3/28/2012 revealed loss of intervertebral disc height and disc desiccation changes seen at L1-L2, L3-L4, L4-L5 levels with straightening of the normal lumbar spine lordosis. On exam the lumbosacral spine had decreased ROM, tenderness to palpation and positive straight leg raise. His lumbar spine has tenderness to palpation diffusely with associated spasm. He has limited, guarded motion, flexion 50 degrees, extension 10, decreased sensation over lateral aspect of left thigh, calf and foot. Persistent positive straight leg raise on left with back pain and left leg pain. On 5/10/2011 and MRI revealed disc desiccation at L4-5 with 2-3mm annular disc height and central disc bulge. He now reports persistent low back pain with lumbar radiculitis and associated radiculopathy that is confirmed on an EMG on 1/23/2014. Treatment has included twelve chiropractic sessions in 2011; 6 visits of acupuncture in 2012; ESI was approved on 11/27/2013 at L4-L5 with a partial response and he had an ESI on 7/28/2011 that provided minimal improvement. Medications have included Losartan, Hydrochlorothiazide, ibuprofen, Tramadol, Aspirin, Omeprazole, Cholesterol medication; Norflex, Nabumetone, lumbar support, custom back brace , Lidoderm patches,

voltaren; Relafen 750 2/day with Priolsec 20mg daily; The utilization review dated 1/29/2014 denied the request for a third lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: ACOEM Guidelines state "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. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended . . . If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." The treating physician does not document at least 50% pain relief from the previous epidural steroid injections and a decrease in pain is not quantified. Per ODG, "Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms . . . Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The treating physician does not document any acute exacerbation of pain, new radicular symptoms, continued objective pain relief, or functional response. As such, the request for Third ESI (EPIDURAL STEROID INJECTION) at the Lumbar Spine is not medically necessary.