

Case Number:	CM14-0015490		
Date Assigned:	02/28/2014	Date of Injury:	03/04/2004
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 injured worker is a 35 year old male whose date of injury was 03/04/04. Mechanism of injury was not described. The injured worker was status post PLIF L4-5 on 11/12/07. He subsequently underwent spinal cord stimulator implant on 12/19/11 and the spinal cord stimulator was analyzed and reprogrammed on 08/23/13. Injured worker also underwent epidural steroid injection on the right and left at L5-S1 on 05/13/13. He reportedly obtained 50-60% relief following this procedure. The only post-operative diagnostic/imaging study documented was a CT of the lumbar spine on 08/24/09 with 3D imaging which revealed decompressive laminectomy at L4-5 with pedicle screws and interbody disc cage. There was a transitional motion segment at L5-S1, with a normal appearing motion segment at L3-4. A solid interbody bone bridging across the peak interior interbody spacers with instrumentation in good position also was noted. The injured worker was seen on 01/14/14 with complaints of ongoing low back pain radiating down to bilateral lower extremities. He continued to rely on his lumbar spinal cord stimulator that was still providing at least 40-50% relief to his radicular symptoms. The injured worker was still receiving certification for individual cognitive behavioral psychotherapy sessions, which have been beneficial. He remained on Remeron, Depakote, and lithium. He felt the recent addition of Remeron had been beneficial in stabilizing his mood. He was currently taking six to eight Norco a day in conjunction with Anaprox which had been beneficial. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion in flexion/extension with obvious guarding. Motor testing in bilateral lower extremities was between 4/4+/5. Straight leg raise was reported as significantly positive on the left at approximately 30 degrees in the modified sitting position. Sensation was decreased

globally on the left lower extremity. Request for transforaminal epidural steroid injection bilateral S1 was not medically necessary on 02/05/14. The reviewer noted that without evidence of continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks the proposed repeat epidural steroid injection at bilateral S1 levels could not be recommended as medically necessary. Furthermore it was noted the prior EMG/NCV and MRI of the low back were out of date 2006 and 2007 to support current request for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT BILATERAL S1 QTY

1:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

Decision rationale: Per CA MTUS criteria for the use of epidural steroid injections require that radiculopathy be documented by objective findings on examination and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There should be evidence that the patient is initially unresponsive to conservative treatment including exercise/physical methods, NSAIDs, and muscle relaxants. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Based on the records provided, the objective clinical findings on physical examination are unchanged from physical examination on 03/12/13. Records also reflect that there has been no significant change in the pain medications regimen as the injured worker continues to take six to eight Norco per day. Given the lack of documented pain relief, decreased need for pain medications, and significant functional improvement, medical necessity is not established for transforaminal epidural steroid injections at bilateral S1 times one.