

Case Number:	CM14-0017491		
Date Assigned:	04/14/2014	Date of Injury:	08/25/2010
Decision Date:	11/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 54 year-old male with an 8/25/10 date of injury. The mechanism of injury was a slip and fall with involvement of the left ankle, left knee, and low back. He underwent open reduction with internal fixation of the left ankle (9/1/10) and subsequent removal of hardware of the left ankle, with tenosynovectomy and posterior tendon repair (10/4/11). He also had left knee arthroscopy with partial meniscectomy and chondroplasty (4/19/11). He developed compensatory pain in his right knee and subsequently underwent right knee arthroscopy (6/18/13). The patient had an epidural steroid injection of the lumbar spine on 7/25/12. In a progress note dated 5/14/14, it was stated that this injection did not help very much. The patient was most recently seen on 6/17/14 with complaints of left ankle and multiple joint pains. Exam findings revealed restricted range of motion in the lumbar spine due to pain. Straight leg raise test is positive on the right at 90 degrees in the sitting position. Neurological exam was carried out only with reference to the left knee, and revealed decreased sensation to light touch over the lateral left calf, and motor strength at 5/5, except for the knee flexors on the left which are limited by pain to 3/5. In a progress report dated 5/14/14, the patient complained of left lower back pain radiating to the left lower extremity to the lateral foot, with associated numbness and tingling. The pain was rated as 10/10 with prolonged sitting and with activities, and improved to, at best, 8/10, with medications. Neurological examination revealed decreased sensation in the left lateral leg and lateral foot, and motor weakness (4/5) of left great toe extension and left ankle dorsiflexion. The deep tendon reflexes were preserved. The supine and sitting straight leg raises were positive on the left. The patient's diagnoses included 1) Pain in the joint of lower leg; 2) Myalgia and myositis; 3) Arthropathy of lower leg; 4) Lumbosacral neuritis or radiculitis. The medications included Alprazolam, Carisoprodol, Hydrocodone-Acetaminophen, pantoprazole, Methoderm Gel. Significant Diagnostic Tests: An EMG on 3/27/14 showed evidence of a left

L5 radiculopathy. An MRI of the lumbar spine on 10/19/11 reportedly (primary report not included in medical records) showed: 1) At L2-3 level, a 1 to 2 mm broad-based disc bulge; 2) At L3-4 level, a 2.5 mm broad-based disc bulge; 3) At L4-5 level, a 2 mm broad-based disc bulge that abuts the anterior thecal sac with left neural foraminal narrowing; 4) At L5-S1 level, a 2.5 mm disc protrusion abutting the thecal sac. Treatment to date: medications, ORIF left ankle, bilateral knee arthroscopy, trigger point injections lumbar spine, lumbar spine epidural steroid injections, and physical therapy. An adverse determination was received on 1/22/14 due to inadequate documentation regarding the outcome of the epidural steroid injections of 7/25/12. No objective evidence of functional improvement or reduced need for medication was provided in the clinical record that would support the request for repeat injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided L4, L5, S1 Thoracic Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, AMA Guides (Radiculopathy) Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to conservative initial treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. This patient is currently under treatment for chronic low back and lower extremity pain, subsequent to an industrial injury 4 years ago. Despite ongoing care, he continues to experience lower back pain, which he rates as 10/10 with prolonged sitting or physical activity, and which improves to only 8/10, at best, with prescribed medications. The patient had an epidural steroid injection of the lumbar spine on 7/25/12, with reportedly no improvement. The guidelines recommend that repeat epidural steroid injections should be based on continued objective documented pain, functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks. This patient had complaints of left sided lumbar spine radicular pain, numbness, and motor weakness consistent with the left L5-S1 neurological level. He also had an EMG that was positive for a left L5 radiculopathy. However, since there was no objective documented improvement in functional activity or reduction in medication usage following his last epidural steroid injections, the request for repeat left sided L4, L5, S1 Thoracic* Epidural Steroid Injection (ESI) is not medically necessary.* Please note that this request was for a Left Sided L4, L5, S1 Thoracic Epidural Steroid Injection. The designation of "Thoracic" does not match the requested levels, which are clearly in the Lumbar spine. Furthermore, review of the medical record revealed no injury to the thoracic spine, but rather, was confined to the lumbar spinal

region. Therefore, this report interpreted the request as referring to Left Sided L4, L5, S1 Lumbar Epidural Steroid Injection.