

Case Number:	CM14-0114967		
Date Assigned:	08/04/2014	Date of Injury:	09/14/2000
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 57 year old female who sustained an industrial injury on 9/14/2000. She underwent L5-S1 interbody fusion in 2001, and is followed for continued complaints of chronic low back pain (non-radicular). She is also status post right and left hip arthroscopies with continued complaints of pain, worse in the right hip. Treatment to date has included surgeries, medications, lumbar epidural injections, lumbar facet blocks, facet rhizotomies, and cortisone injections. A lumbar spine magnetic resonance imaging (MRI) on 11/8/2013 revealed findings at L3-4 broad-based disc bulge partially effacing the ventral cerebral spinal fluid space; bilateral neuroforaminal narrowing and mild bilateral facet arthrosis with thickened ligamentum flavum; at L3-4 moderate broad-based disc bulge with dorsal annular fissure protruding eccentrically to the left with mild bilateral facet arthrosis and thickened ligamentum flavum; and L5-S1 revealed anterior fusion. She was administered repeat steroid and ropivacaine injection to the right hip joint on 3/19/2014. An operative reprot dated 5/5/2014 documents the patient was administered repeat bilateral L3 and left L4 transforaminal epidural injection. According to visit note dated 3/28/2014, the patient presents for follow-up after epidural injection. She is s/p bilateral L3 and left L4 tranforaminal epidural injections done on 12/16/13. She reports 50% pain relief for a few months after the injections. She had a right hip intra-articular injection on 3/19/14, she is still tender in that area from the injection. She reports weakness in her back and locking. She has pain that alternates in both calves (leg pain is not radiating). She also complains of neck pain, right arm pain, weakness, tingling/numbness in the right hand and headaches. She walks around the house for exercises. She takes cymbalta 60 mg BID and gabapentin 300 mg TID for pain medicine. Denies bowel or bladder incontinence. No physical examination is documented. A prior peer review on 7/10/2014 noncertified the requested 1 right transforaminal epidural steroid injection at L3-4. Records reviewed included 11/6/13 lumbar MRI report and progress notes

dated 1/10/14, 5/5/14, and 5/28/14. The patient had previously undergone a transforaminal epidural steroid injection on 5/5/14. The progress note stated she had about a 50% reduction of pain for about 1 week. It was determined that the left and or right lumbar transforaminal ESI at L3-4 are not medically indicated or necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left transforaminal epidural steroid injection at L3-4: 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 (ESIs) Page(s): 46.

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is no imaging or Electrodiagnostic evidence of nerve root compression. There is no clear evidence of radiculopathy (radiating pain in a dermatomal distribution in the lower extremities) at the levels being requested for TF-ESI. There is no evidence of significant improvement in pain (long last pain relief of at least 50%) with prior procedures. There is no evidence of prior trial and failure of conservative management. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.

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