

Case Number:	CM14-0121009		
Date Assigned:	08/06/2014	Date of Injury:	09/11/2008
Decision Date:	09/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational 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 claimant was injured on 09/11/08 while stepping off a bus at work. Lumbar epidural steroid injection at level L5-S1 is under review. She is status post lumbar fusion and laminectomy at L2-3 through L4-5 on 04/18/12. She had lumbar ESI's (dates unknown) with 100% pain relief for 1 day post lumbar ESI. On 08/29/13, ██████████ stated that no further surgery was being considered but a spinal cord stimulator was considered an option. She had an Agreed Medical Reexamination with ██████████ on 10/21/13. On 05/05/14, ██████████ stated that she had not had any epidural Steroid injections since her surgery. A lumbar MRI was recommended. ██████████ suspected facet pain and recommended facet injections on 05/05/14. She had low back pain with bilateral lower extremity radiation but no weakness or numbness her activities of daily living improved with medication. Physical examination revealed tenderness with diminished ankle and knee reflexes. Sensation was intact. On 06/13/14, a lumbar MRI revealed a broad-based bulge at L5-S1 eccentric to the left which in conjunction with facet hypertrophy and ligament flava laxity produced mild central canal narrowing, mild right neural foraminal narrowing, and moderate left neural foraminal narrowing. This was similar to a previous study. She reported muscle aches and arthralgia and joint pain. There was no limp but she had an antalgic gait. She saw ██████████ on 06/17/13. Her medications were helpful. She had tenderness and a slightly antalgic gait. Acupuncture was recommended. She was given fentanyl patches. On 06/25/14, ██████████ stated that she had a recent MRI. She continued to have low back and bilateral buttock and thigh pain, more so on the right. The low back pain was constant and around the L5-S1 level. Palpation of the hardware did not cause any discomfort. Facet joint injections were denied on 05/23/14 as there was no documentation of failure of a home exercise program and physical therapy for 4-6 weeks. She had an MRI on 06/13/14 that showed evidence of solid fusion but no stenosis at L3-4. At L4 and L5 levels there was facet

hypertrophy and mild to moderate central canal stenosis, more severe on the right. L5-S1 there was a broad-based bulge on the left with facet hypertrophy and mild central canal stenosis, mild stenosis on the right and moderate on the left. She has congenital stenosis with short pedicles. There were no findings severe enough for surgical treatment. Conservative treatment was recommended. A caudal epidural Steroid injection (ESI) was recommended to relieve inflammation at L5-S1. [REDACTED] recommended an epidural Steroid injection at level L5-S1 to treat the inflammation. Conservative treatment and no surgery were recommended. On 07/07/14, [REDACTED] stated that she had slipped on a banana peel and had an exacerbation. Her pain was pretty much similar to the prefall level and she was about back to baseline. Her pain was consistent with facet pain. On 07/23/14, a lumbar epidural Steroid injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 7) In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections There is no clear objective evidence of radiculopathy at the level to be injected on physical examination and no indication that she has failed all other reasonable conservative care, including physical therapy (PT)/home exercises, or that this ESI is being recommended in an attempt to avoid surgery. No surgery is being considered. Of note, the claimant has had ESI x 3 at unknown levels but with less than optimal pain relief and this information does not support repeat a request for a repeat ESI. The MRI report does not demonstrate the presence of nerve root compression at the level to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.