

Case Number:	CM14-0135234		
Date Assigned:	08/29/2014	Date of Injury:	07/11/2013
Decision Date:	09/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 with a July 11, 2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated August 4, 2014 noted subjective complaints of low back pain with right greater than left lower extremity symptoms. Objective findings included lumbar spine tenderness, and positive bilateral SLR. It was noted the patient recalls prior ESI facilitated 70% diminution in pain however pain is returning. A July 30, 2014 progress report noted decreased sensation in the medial calf on the right and lateral calf on the left. The patient had prior L4-L5 and L5-S1 ESI on February 21, 2014. It was noted on April 4, 2014 progress report that patient continues to have severe low back pain. MRI from August 21, 2013 showed degenerative changes most severe at L4-L5 and L5-S1 without high grade central canal or neural foraminal narrowing. There was near complete disc height loss at L5-S1 with mild bilateral neural foraminal narrowing. There is contact with the disc with the exiting nerve root on the right without nerve root compression. Diagnostic Impression: spondylolisthesis L4 on L5, bilateral lumbar radiculopathy. Treatment to Date: medication management, prior ESI, TENS, physical therapy. A UR decision dated August 21, 2014 denied the request for second lumbar ESI at L4-5 and second lumbar ESI at L5-S1. There was no detailed documentation of reasonably maintained functional improvement from prior injection. Evidence of 50% plus pain relief and functionality improvement for 6-8 weeks period was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection (ESI) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: The California Medical Treatment Utilization Section (CA MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. It is documented that the patient recalls having >70% pain relief from prior ESI. However, the date of the prior ESI was February 21, 2014. A progress report from April 4, 2014 notes the patient to continue to have severe low back pain. At six weeks from the time of injection, the relief of pain had dissipated. Therefore, the request for One lumbar ESI at L4-L5 is not medically necessary or appropriate.

One lumbar ESI at L5-S1:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. It is documented that the patient recalls having >70% pain relief from prior ESI. However, the date of the prior ESI was February 21, 2014. A progress report from April 4, 2014 notes the patient to continue to have severe low back pain. At six weeks from the time of injection, the relief of pain had dissipated. Therefore, the request for One lumbar ESI at L5-S1 is not medically necessary or appropriate.