

Case Number:	CM14-0135564		
Date Assigned:	08/29/2014	Date of Injury:	08/17/2005
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
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 Family 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:

This is a 62 year old male with a 8/17/05 injury date. The mechanism of injury is not provided. In a follow-up on 7/22/14, subjective complaints were low back pain and left leg pain with throbbing and numbness. The patient feels that medications and past ESI's keep him quite functional, working as a crossing guard and volunteering. Objective findings were an antalgic gait favoring the left foot, lumbar scar, minimal tenderness, discomfort with lumbar ROM, positive SLR on the left, decreased sensation in the left foot, normal strength bilaterally, and normal reflexes bilaterally. An MRI of the lumbar spine on 8/31/11 showed foraminal stenosis at L4-5 and L5-S1 but no direct compression of nerve roots, mild desiccation and bulging margins at L3-4 disc with mild foraminal and central stenosis without nerve root compromise, and L4-5 laminotomy. In a follow-up on 2/3/14, the provider notes that the patient "is getting good relief of low back and left leg pain following lumbar epidural steroid injection" and "VAS was about 9-10/10 the day of the injection and has since gone down to about 6/10 and continues to get better each day." In addition, the patient is able to "remain active, functional, and working." In a follow-up on 4/3/14, the patients pain is 6/10 and the provider notes that the patient still has reduced low back pain and leg pain after ESI. Diagnostic impression: lumbar radiculopathy. Treatment to date: lumbar laminectomy and discectomy (12/1/05), epidural steroid injections (last one in Jan 2014), medications. A UR decision on 7/29/14 denied the request for L3-4 ESI on the basis that repeat blocks must show documented pain and function improvement, and this was lacking in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at left L3-4, with IV (intravenous) sedation, under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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 Official Disability Guidelines (ODG): Low Back Chapter

Decision rationale: 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. In the present case, there is documentation of improvement in the patient's pain after the last ESI in Jan. 2014. In a follow-up on 2/3/14, the provider notes that the patient "is getting good relief of low back and left leg pain following lumbar epidural steroid injection" and "VAS was about 9-10/10 the day of the injection and has since gone down to about 6/10 and continues to get better each day." In addition, the patient is able to "remain active, functional, and working." A follow-up on 4/3/14, over six weeks later, shows a pain score of 6/10 and continued patient satisfaction. It appears that an additional lumbar ESI should be approved. CA MTUS does not address the requests for IV sedation and fluoroscopy. However, ODG states that they are accepted parts of epidural steroid injections and can be approved. Therefore, the request for lumbar epidural steroid injection at left L3-4, with IV (intravenous) sedation, under fluoroscopy, is medically necessary.