

Case Number:	CM14-0138714		
Date Assigned:	09/05/2014	Date of Injury:	02/20/2000
Decision Date:	10/09/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is male with a reported dated of injury on 02/20/2000. His date of birth was not provided. The mechanism of injury was not reported. The injured worker's diagnoses included persistent left lower extremity radiculopathy. The injured worker's past treatments included 12 physical therapy visits, a home exercise program, medications, 3 soft tissue cortisone injections, and a left L5-S1 transforaminal epidural steroid injection on 02/19/2013 with only mild temporary relief of symptoms. The injured worker's diagnostic studies included an MRI of the lumbar spine which was reviewed on 07/25/2014 and demonstrated post-surgical changes at the L5-S1 level, moderate narrowing of the left L5-S1 neural foramen possibly due to bony overgrowth from his interbody fusion versus scar tissue, no other significant neurological compression or abnormality was noted. The injured worker's surgical history included an anterior lumbar interbody fusion at L5-S1. The injured worker was evaluated for an MRI review and complaints of lower extremity pain 'in an L5 pattern' on 07/25/2014. The injured worker had received a left trochanteric bursa injection at the previous visit and noted a few weeks of symptom relief. On 07/25/2014 his pain was returning and was described as pain with ambulating as well as weakness in the left leg. The focused physical examination rated the left extensor hallucis longus strength at 4/5, reported radiating dysesthesias in the left lower extremity in an L5 pattern, and noted that sensation was intact distally. A progress note dated 08/12/2014 was submitted for review. It is unclear if the injured worker was actually examined on the date of the report. The clinician reported that the injured worker had persistent weakness in the left leg and pain radiating into the left lower extremity which corresponds with his MRI findings. The treatment recommendations were for a left L5-S1 transforaminal epidural steroid injection or repeat surgery in the form of reentry left L5-S1 laminoforaminotomy. The injured worker chose transforaminal epidural steroid injection. The injured worker's medications

included Norco, zanaflex and Soma. The request was for an L5-S1 Epidural between 7/25/14 and 10/6/14. No rationale for the request was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural between 7/25/14 and 10/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for an L5-S1 Epidural between 7/25/14 and 10/6/14 is not medically necessary. The injured worker reported pain with ambulating as well as weakness in the left leg. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. 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. The provided documentation reports the injured worker's complaints of pain and weakness but does not quantify the pain using a pain scale or indicate methods of exacerbation or relief. The most recent physical examination findings provided for review indicated mild weakness to the extensor hallucis longus specifically, but otherwise well-maintained strength, radiating dysesthesias in the left lower extremity in an L5 pattern, and intact distal sensation. No reflex measurement or special testing (i.e. straight leg raise) is reported. The request did not include fluoroscopic guidance or the level at which the injection is to be performed. The injured worker had a left L5-S1 transforaminal epidural steroid injection on 02/19/2013 with only mild temporary relief of symptoms and ultimately underwent an anterior lumbar interbody fusion at L5-S1. Therefore, the request for an L5-S1 Epidural between 7/25/14 and 10/6/14 is not medically necessary.