

Case Number:	CM14-0155264		
Date Assigned:	09/25/2014	Date of Injury:	12/02/1996
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Medicine and is licensed to practice in Florida. 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 a 58-year-old male who reported an injury on 12/02/1996. The injury reportedly occurred when the injured worker was pushing a very heavy metal square approximately 500 or more pounds, when he felt a pop in his low back and immediate pain. The injured worker's diagnoses included lumbar degenerative disc disease, lumbar stenosis, and lumbar disc protrusion. The injured worker's past treatments included epidural steroid injections and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 09/04/2013, it revealed lumbar spondylosis with L4-5 being the most involved level causing moderate to severe right lateral recess stenosis and displaced the right L5 nerve root posteriorly. The injured worker's surgical history included a microdiscectomy. On 09/02/2014, the injured worker reported a pain of 4/10. He reported that his sleep has gotten better. The injured worker reported that the interventional approach was very helpful in which it gave him 60% of pain relief for about 1 month, but since then his pain has slowly returned. He complained of pain in the low back with radiating pain down to both extremities. The injured worker was noted to have had a Trans LESI with fluoroscopy of the L4-5 bilaterally performed on 07/16/2014, it was the 3rd injection performed. Upon physical examination, the injured worker was noted to have tenderness to palpation to the low back with radiating pain down to both extremities. He was noted to have a positive straight leg raise bilaterally. The injured worker's medications were noted to include Hydrocodone 500 mg and Tramadol 50 mg. The request was for Trans LESI with fluoroscopy at L4-5 bilaterally, the booster to the series to help the patient resume his activities of daily living and have a better quality of life. The Request for Authorization Form was signed and submitted on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trans LESI w/fluoroscopy @ L4-L5 bilaterally, the booster to the series: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for Trans LESI with fluoroscopy at L4-5 bilaterally, the booster to the series is not medically necessary. The California MTUS Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The most current guidelines recommend no more than 2 epidural steroid injections. Research has now shown that, on average, less than 2 injections are required for a successful epidural steroid injection outcome. Current recommendations suggest a second epidural steroid injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and its use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion and thereby facilitating progress in more active treatment programs. The criteria for the use of epidural steroid injections include radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, documented evidence of initially unresponsive to conservative treatment to include physical therapy, home exercise, and medications. There must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, a general recommendation of no more than 4 blocks per region, per year. The injured worker was documented to have had 3 epidural steroid injections with the most recent one being on 07/16/2014. The injured worker reported that the injection gave him 60% of pain relief for about 1 month, but since then the pain has slowly returned. In the absence of documentation with the injured worker's pain relief associated with reduction of medication use for 6 to 8 weeks, significant objective functional improvement, and documented pain relief for 6 to 8 weeks, the request is not supported at this time. Additionally, there was no indication in the documentation of the injured worker attending or with intent to attend more active treatment programs. Furthermore, on physical examination there was no documented evidence of significant objective neurological deficits. The injured worker was noted to have a positive straight leg raise bilaterally, however, there was no decreased sensation or decreased sensation muscle strength. Therefore, the request is not medically necessary.