

Case Number:	CM14-0158297		
Date Assigned:	10/01/2014	Date of Injury:	05/23/2013
Decision Date:	11/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/26/2014

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 33-year old man reported a low back injury from moving boxes of tile on 5/23/14. Treatment has included medications, at least 13 physical therapy sessions, acupuncture, and one lumbar epidural steroid injection. Current diagnoses include lumbar radiculopathy, L4-5 and L5-S1 disc bulges, and "myofascial dysfunction secondary to disc". An MRI performed on 11/7/13 revealed diffuse degenerative changes. There was a 3 mm disc bulge at L4-5 with mild lateral recess narrowing and minimal encroachment on the left L5 nerve root; moderate foraminal narrowing on the left with encroachment on the left L4 nerve root; and minimal foraminal narrowing on the right. At L5-S1 there was a 3 mm disc protrusion with a small annular fissure and minimal inferior prolapse, but with no significant foraminal narrowing on the right and minimal foraminal narrowing on the left. The records provided to me include progress notes with minimal documentation of physical findings, none of which are clearly consistent with radiculopathy. The epidural steroid injection already performed was authorized on the basis of MRI findings and findings of "decreased sensation in the lower extremities". The operative report of the LESI performed on 5/19/14 documents infusion of Marcaine and of 40 mg Depo-Medrol into the L4-S1 epidural space. According to the UR report dated 8/23/14, a pain management follow-up note documented minimal pain relief from the LESI. This report was not included in the records provided to me. The 6/18/14 progress note from the primary treater, which is in my records, documents ongoing low back pain, minimal relief "at first" from the LESI, and improved tolerability of the patient's 2-hour drive to work. Otherwise there is no documented functional status. No back or neurologic exam is documented. No medications are documented. There is no documented work status. A 7/18/14 progress note from the same provider documents minimal back pain relief and a 75% decrease in leg pain. The patient has moved to an apartment with a Jacuzzi. The note is not entirely legible, but documents bilateral

L5 spasm with "triggers", positive straight leg raise (side and symptoms not documented), and decreased sensation of the posterior thighs bilaterally. No functional status or work status is documented. No medications are documented. The plan includes a repeat L4-S1 ESI, home exercises, use of Jacuzzi, Epsom salt baths, and continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Foramen Epidural Lumbosacral: Upheld

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

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

Decision rationale: The guideline cited above states that epidural steroid injections (ESI's) alone offer no significant long-term functional benefit. The purpose of an ESI is to reduce pain and inflammation, and to restore range of motion in order to facilitate progress in more active treatment programs. Radiculopathy must be documented by physical exam and corroborated by imaging prior to performing an ESI. No more than one interlaminar level should be injected at one session, and no more than two nerve root levels should be injected using a transforaminal approach. 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 6-8 weeks. The original ESI performed on 5/19/14 was not done in accordance with MTUS guidelines. Documentation of decreased sensation of both lower extremities does not constitute clear documentation of radiculopathy on physical exam. In addition, the patient does not appear to have been involved in an active treatment program with clear functional goals. The request did not specify levels, and the injection performed was a multi-level intralaminar ESI. Thus the requirements for a performance of an ESI were not met, and the number of levels injected was in excess of the single level recommended. Even a good response to the injection already performed would be difficult to interpret in this setting. However, the patient did not have a documented good response until 7/18/14, which may actually have been produced by his use of a Jacuzzi. There is no documentation of increased range of motion, of any improvement in function level, or of decreased medication use. Documentation of bilateral decreased sensation of the posterior thighs is still not consistent with radiculopathy. There is still no documentation of participation in an active treatment program with functional goals. There is no documentation that the patient is actually doing home exercise, and of what his response to it has been. The patient's current treatment appears to be almost entirely passive, and consists of acupuncture, Jacuzzi and Epsom salt baths. This request is not specific in terms of which side and at which levels the ESI's are to be performed. It could therefore be interpreted to be a request for multiple injections at whatever levels the treating provider wishes to perform them. The previous ESI appears to have been a multi-level intralaminar injection. The use of the work "foramen" in this request would imply that a transforaminal injection is requested. Thus the request is sufficiently unclear to make a decision regarding medical necessity. Based on the

MTUS guidelines and the medical records provided for my review, a repeat epidural steroid injection is not medically necessary.