

Case Number:	CM14-0022050		
Date Assigned:	05/05/2014	Date of Injury:	01/30/1986
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is a 72-year-old male who has submitted a claim for lumbago, lumbar spondylosis without myelopathy, and sacroiliitis; associated with an industrial injury date of 01/30/1986. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the bilateral feet. Physical examination showed tenderness over the lumbar paraspinal muscles and sacroiliac joints. Range of motion was limited. Facet loading was positive bilaterally. Reflexes were 2/4 on the bilateral patella, and 1/4 on the bilateral ankles. Motor and sensory testing was normal. The MRI of the lumbar spine, dated 11/18/2013, showed bilateral neural foraminal narrowing at L5-S1, and advanced disc arthropathy and degenerative changes from the L2-L3 to the L5-S1 levels. Treatment to date has included medications, physical therapy, and injection therapy. Utilization review, dated 02/05/2014, denied the request for epidural steroid injection (ESI) because there was limited evidence of radicular symptoms and neurologic deficits in the physical examination specific to the level of L4-L5, and specific functional improvement from the previous ESI and the current objective deficits resulting in functional limitations were not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (Esis); Criteria For Use Of Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite previous medications and physical therapy. On physical exam, hyporeflexia of the bilateral patellae and ankle was noted. Facet loading test was positive bilaterally. An MRI of the lumbar spine, dated 11/18/2013, showed bilateral neural foraminal narrowing at L5-S1. The patient has had a previous ESI three years ago which gave >50% pain relief for over 1 year as stated in an appeal letter dated 01/14/2014. However, the MRI of the lumbar spine made no mention of neural foraminal narrowing or nerve root compromise at the L4-L5 level. Furthermore, there was no discussion regarding reduction of medication use or evidence of functional improvement from the previous ESI. Lastly, the present request as submitted failed to specify the laterality of the intended procedure. Therefore, the request for Lumbar Epidural Steroid Injection (LESI) AT L4-5 is not medically necessary.