

Case Number:	CM14-0024211		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2011
Decision Date:	08/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 51-year-old male with a reported date of injury on 11/01/2011. The mechanism of injury was noted to be after moving heavy boxes. His diagnoses were noted to include L4-5 and L5-S1 annular tear, lumbar radiculopathy, lumbar disc degeneration, and lumbar facet arthropathy. His previous treatments were noted to include medications, physical therapy, and epidural steroid injection. An MRI of the lumbar spine performed on 12/14/2011 revealed L4-5 and L5-S1 three to 4 mm broad-based disc protrusion with a zone of high signal intensity posteriorly resulting in foraminal narrowing and impingement on the exiting nerve roots; L3-4 one to 2 mm disc bulge without foraminal narrowing, central canal stenosis, or impingement on exiting nerve roots. The progress note dated 11/07/2013 revealed the injured worker reported he had an epidural injection. The progress note dated 01/28/2014 revealed the injured worker complained of low back pain that radiated to the bilateral lower extremities more on the left and bilateral foot pain. The injured worker reported numbness and tingling in the bilateral lower extremities to the level of the foot and toes with motor weakness. The injured worker rated his pain as 7/10. A physical examination of the lumbar spine revealed spasming in the bilateral paraspinous muscle at the L4-S1 levels. There was spinal vertebral tenderness bilaterally in the L4-S1 levels. The motor examination showed decreased strength of the flexor muscles in the left lower extremity and decreased touch in the left lower extremity along the L4-S1 dermatome. The straight leg raise was positive on the left lower extremity for radicular pain. The provider reported the injured worker had failed conservative treatment including drug therapy, activity modifications, and physical therapy. The progress note dated 05/02/2012 revealed on 02/01/2012, the injured worker had an injection administered to his low back and revealed his pain symptoms became worse. A Request for Authorization form was not submitted within the medical records. The request is for 1 transforaminal epidural steroid injection at the

left L4-5 and L5-S1 under fluoroscopic guidance to reduce pain and inflammation and restore range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at the Left L4-L5 and L5-S1 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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 1 Transforaminal Epidural Steroid Injection at the Left L4-L5 and L5-S1 under Fluoroscopic Guidance is non-certified. The injured worker has had a previous epidural steroid injection, which he reported made his back pain worse. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections is: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has radiculopathy documented by physical examination and corroborated by imaging studies, as well as failure of conservative treatment. However, the injured worker has received a previous epidural steroid injection which resulted in worse back pain. Therefore, due to a lack of documentation regarding functional improvement and at least 50% pain relief, the epidural steroid injection is not appropriate at this time. Therefore, the request is non-certified.