

Case Number:	CM14-0030385		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2013
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation 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:

The injured worker is a 48-year-old male who reported an injury on 10/04/2013. The mechanism of injury was described by the injured worker as unloading a truck and carrying 100 pound bore rods when the injured worker misstepped and jammed his back, bearing all his weight on his left leg. A magnetic resonance imaging (MRI) dated 12/02/2013 was interpreted, with L5-S1 left disc protrusion and mild facet arthropathy causing more stenosis of left neural foramina with L5 nerve root compression. In addition, L4-5, L3-4, and L2-3 disc protrusions and facet arthropathy at left L4-5 and L5-S1 was noted. The clinical note dated 06/02/2014 noted the injured worker complained of low back and left leg pain. The physical examination noted both lower extremities' muscle strength 5/5, except left first toe dorsiflexion was 3/5. In addition, sensation on the left lower extremity was decreased on the medial foot and medial lower leg. Pain with lumbar extension was also noted. The injured worker's diagnoses included L5-S1 disc protrusion with left S1 radiculopathy, and signs of L5 radiculopathy and possible lumbar facet syndrome. Previous treatments included 2 lumbar epidural steroid injections and left selective nerve root block, physical therapy to include therapeutic exercise, electrical stimulation (unattended), and manual therapy, and a home exercise program. Within the documentation provided, medications were noted as hydrocodone 10/325 mg twice a day and Zolpidem 5 mg 1 to 2 tablets at bedtime. The provider request was for a repeat left epidural steroid injection (ESI) at L5-S1 and selective nerve root block at left L5. The request for authorization form and rationale were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 49.

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

Decision rationale: The injured worker has a history of lower back and left leg pain and to have received 2 epidural steroid injections and a selective nerve root block. The Official Disability Guidelines (ODG) state diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks. When used for diagnostic purposes the following indications have been recommended: To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous; to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive and to help to identify the origin of pain in patients who have had previous spinal surgery. Within the documentation provided a magnetic resonance imaging (MRI) was included and dated 12/02/2013 which was interpreted, with L5-S1 left disc protrusion and mild facet arthropathy causing more stenosis of left neural foramina with L5 nerve root compression. In addition, L4-5, L3-4, and L2-3 disc protrusions and facet arthropathy at left L4-5 and L5-S1 was noted. There was a lack of documentation to indicate the MRI was interpreted as to be inconclusive to identify origins of pain or that the injured worker's physical examinations differ from the MRI. In addition, there is a lack of documentation to indicate that the selective nerve block was to be used as a diagnostic tool. As such, the request for a second selective nerve root block is non-certified. Based on the above noted, the request is not medically necessary.

Selective nerve root block left L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injection, diagnostic.

Decision rationale: The injured worker has a history of lower back and left leg pain and to have received 2 epidural steroid injections and a selective nerve root block. The California MTUS Guidelines recommend epidural steroid injections (ESI) as an option for treatment of radicular pain. The guidelines further suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. The criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and initially unresponsive

to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines continue to state current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. Within the documentation submitted for review, it was noted that an epidural steroid injection was administered and the injured worker reported immediate relief. The documentation submitted further noted the return of symptoms and a second epidural steroid injection was administered. However, the documentation noted that the second ESI did not produce the same positive effect as the first. The guidelines only recommend a second ESI if partial success is produced with the first, and a third ESI is rarely recommended. Due to a lack of documentation indicating partial success after the second ESI, a third ESI is not warranted. As such, the request for a repeat ESI is non-certified. Based on the above noted, the request is not medically necessary.