

Case Number:	CM14-0032018		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2013
Decision Date:	08/14/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 Texas and Ohio. 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 44-year-old male with a reported date of injury of 02/01/2013. The mechanism of injury was noted to be lifting boxes. His diagnoses were noted to include spondylosis, spondylolithesis of the lumbosacral spine, lumbar radiculopathy, and degenerative changes of both knees. His previous treatments were noted to include physical therapy, chiropractic treatment, back support, knee braces, medications, and epidural steroid injections. The provider reported an MRI of the lumbosacral spine dated 04/09/2013 which indicated chronic bilateral L5 pars intraarticularis defect, with grade 1 anterolisthesis of L5 on S1, and due to anterolisthesis, there was moderate bilateral neural foraminal narrowing at L5-S1, with mild mass effect on the anterior L5 nerve roots. The progress note dated 12/04/2013 revealed the injured worker complained of 8/10 to 9/10 pain and continued to complain of low back pain. The physical examination of the lower extremities revealed sensation was altered along the L5-S1 distribution on the right side and also on the left side. The motor strength was noted to be 3/5 in the tibialis anterior. The progress note dated 02/06/2014 revealed the injured worker had an epidural on 01/20/2014 and it helped a bit for 2 weeks. However, the pain came back. The physical examination of the lower extremities noted motor strength was rated 4/5 in the tibialis anterior and 5/5 on the rest. The Request for Authorization form was not submitted within the medical records. The request was for a repeat epidural steroid injection at L5-S1 under fluoroscopy to reduce medication use and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat epidural steroid injection at L5-S1 under fluoroscopy: Upheld

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

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

Decision rationale: The request for a repeat epidural steroid injection at L5-S1 under fluoroscopy is not medically necessary. The injured worker has had a previous epidural steroid injection which helped quite a bit for the first 2 weeks. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a 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 guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an 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 documentation provided a reduced motor strength in the lower extremities; however, there was a lack of documentation regarding a recent physical examination with decreased sensation in the deep tendon reflexes in a specific dermatomal distribution. Therefore, due to the lack of clinical findings regarding radiculopathy symptoms, a repeat epidural steroid injection is not warranted at this time. Therefore, the request is not medically necessary.