

Case Number:	CM14-0038392		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2003
Decision Date:	08/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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:

Injured worker is a male with date of injury 6/1/2003. Per orthopedic specialist progress note dated 4/7/2014, the injured worker had a bilateral L4 and L5 transforaminal epidural steroid injection as well as a left L4/5 facet joint injection on 1/23/2014. He reported excellent relief at his follow up on 2/4/2014. He received complete relief in the recovery area and had complete relief of the pain going down his legs. He did have slight right sided low back pain at that time near the SI joint but nothing significant. He denies having back pain. He has pain primarily in the buttocks that go into the hamstrings and calves. He was given the option to call if his symptoms returned within 3 months. He does report having complete or near complete relief for about 5 weeks. His pain has become progressively worse with time with a lot of pain going into the legs. He continues to do his exercises, stretches, walking and riding a stationary bicycle. If he sits down it is hard for him to get back up from a seated position. He takes Aleve for his symptoms. He tries to not take stronger pain medication. He did not take Aleve for 5 weeks after the injection. On examination his lumbar range of motion is reduced, limited by pain. His gait is normal. Knee reflexes are absent and ankle reflexes are trace. Palpation of sciatic notch and gluteal area are present bilaterally. Sensory exam is normal. Motor exam is normal with exception of left hip flexion is 4/5. He can stand on his toes and heels. Standing on his heels causes some pain and pulling behind the legs/knees with straight leg raise at about 80 degrees bilaterally. There is moderate tenderness to palpation over the sciatic notch bilaterally, piriformis and gluteal areas. Diagnoses include 1) L-spine spinal stenosis, symptomatic 2) L-spine radiculopathy, symptomatic 3) L-spine HNP/bulge, symptomatic 4) L-spine degenerative disc disease, symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 transforaminal cauda epidural steroid injection with fluoroscopy:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as a treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than two ESIs. A second ESI may be recommended if there is proof of partial success with the first injection, defined as objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. A third ESI is rarely recommended. It is noted by the claims administrator that the second injection was being requested at less than 5 weeks, and that the relief experienced could have been from the facet joint injection and not only from the epidural steroid injection. The medical necessity for a repeat epidural steroid injection has not been established by the requesting physician within the MTUS Guidelines. The request for bilateral L4 and L5 transforaminal cauda equina epidural steroid injection with fluoroscopy is determined to not be medically necessary.