

Case Number:	CM14-0039555		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2000
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 74-year-old male who reported injury on 07/01/2000 of unknown mechanism. The injured worker complained of increased back pain with some radiation to both legs that awoke him at night. He described his pain as dull, sharp and rated his pain a 5 on a 1 to 10 scale. Examination on 03/17/2014 revealed no abnormal curvature of the spine, tenderness to palpation over the right and left lumbar facets, right and left sacroiliac joint, right and left buttock, right and left lumbosacral regions. His straight leg raise was positive on the right and left at 60 degrees. The Faber test was negative for the right and left. His gait was normal. Muscle tone was without atrophy with normal movements. He had lateral flexion of right at 15 degrees, lateral flexion of left of 20 degrees, flexion of 45 degrees. He also had pain spasms during extension, forward flexion, left and right lateral bending and left and right lateral rotation. An MRI (magnetic resonance imaging) of the lumbar spine revealed mild lumbar scoliosis, 2 to 3 mm circumferential disc bulges at the upper 2 lumbar interspaces with mild central and bilateral foraminal narrowing at both levels, somewhat more pronounced at L2-3, status post bilateral lateral effusion from L3 through L5 and the central canal is capacious at these levels. However, mild chronic appearing arachnoiditis is suggested and 4 mm disc protrusion accentuated into the left at L5-S1. Minimal effacement of the left S1 nerve root is suggested. The injured work had past treatments of oral medications, previous epidural steroid injection (ESI) with 8 to 10 weeks of relief at 80%, improved mobility and activities of daily living. His medications were norco 10/325 mg and lyrica. The treatment plan is for cath LESI left and right L5-S1 under fluoroscopy and monitored anesthesia. The injured worker had diagnoses of other chronic postoperative pain and post lumbar laminectomy syndrome. The Request for Authorization Form was not submitted for review. There is no rationale for the request for cath LESI left and right L5-S1 under fluoroscopy and monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cath LESI left and right L5-S1 under fluoroscopy and monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: The request for cath LESI left and right L5-S1 under fluoroscopy and monitored anesthesia is non-certified. The injured worker complained of increased back pain with some radiation to both legs that woke him at night. He describes his pain as dull and sharp and rated pain a 5 on 1 to 10 scale. He had past treatments of oral medications, previous ESI, with 8 to 10 weeks of relief and 80% improved with mobility and activities of daily living. According to California MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distributions with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other conservative efforts including continuing a home exercise program. The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone does not offer significant long term functional benefit. There was no documentation submitted that stated the injured worker had diagnosis of radiculopathy as well as no imaging to corroborate the diagnosis. Therefore, the request for cath LESI left and right L5-S1 under fluoroscopy and monitored anesthesia is not medically necessary.