

Case Number:	CM14-0041367		
Date Assigned:	06/27/2014	Date of Injury:	02/10/2012
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male with a reported date of injury on 02/10/2010. The mechanism of injury was due to cumulative trauma. Diagnoses were noted to include right knee pain status post right knee total knee replacement, chronic right shoulder pain status post right shoulder arthroscopic repair, chronic low back pain. Previous treatments were noted to include surgery, physical therapy, medications and epidural steroid injection. An MRI dated 02/27/2014 revealed marked disc narrowing and broad based circumferential disc bulge at L4-5 with moderate facet arthropathy, causing severe left neural foraminal stenosis. There were modic fatty endplate changes and the endplate irregularity along the left aspect of the L4-5 disc, consistent with degenerative disc disease. The progress noted dated 10/24/2013 revealed the injured worker indicated his back pain was as severe as his right knee and right shoulder pain. The injured worker indicated the previous left L4-5 transforaminal epidural steroid injection performed 08/2013 was disappointing. The injured worker reported his back pain was worse than his bilateral leg pain and the left leg symptoms were more prominent than the right side. The physical examination noted the injured worker had a swollen and slightly tender right knee with longitudinal scar anteriorly. The back pain was aggravated by lumbar extension greater than 20 degrees and left lateral lumbar flexion greater than 15 degrees. There was a diffuse posterior lumbar tenderness at the L4-5 spinal segment. The progress note dated 03/10/2014 revealed the injured worker complained of chronic right knee pain, as well as low back pain that radiated into both legs. The injured worker received pain relief when sitting leaning forward or stretching. The physical examination revealed left leg pain was reproduced with left lateral lumbar flexion or lumbar extension between 10 degrees and 25 degrees. There was tenderness of the left posterior iliac crest in the left sciatic notch. The sciatic nerve test was positive bilaterally.

and the deep tendon reflexes were 1+ at the knees and ankles. The lower extremity examination revealed motor strength to be 5/5. The Request for Authorization form dated 03/18/2014 was for a bilateral L4-5 transforaminal epidural steroid injection to attempt to identify the pain generator

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal Epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections 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. No more than 1 interlaminar level should be injected at 1 sessions. 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 had a previous left L4-5 transforaminal epidural steroid injection with no benefit. Additionally, there was a lack of documentation regarding significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. The documentation provided indicated full muscle strength and deep tendon reflexes were equal bilaterally with a positive sciatic nerve stretch test. Therefore, due to the previous failure of a lumbar epidural steroid injection, as well as the lack of significant neurological deficits in a specific dermatomal distribution a transforaminal lumbar epidural steroid injection is not warranted at this time. Therefore, the request for Bilateral L4-5 Transforaminal Epidural steroid injection (ESI) is not medically necessary and appropriate.