

Case Number:	CM14-0043194		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2001
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family 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:

The 56 year old patient reported an industrial injury to his back on 10/12/2001, almost 13 years ago, attributed to the performance of his customary job tasks. The patient was assessed as permanent and stationary and was treated under the provisions of future medical care. The patient complains of lower back pain with bilateral buttock and leg pain. The patient was noted to have received a right sided lumbar spine transforaminal epidural steroid injection (ESI) to right S1 on 11/19/2013 with noted relief over a period of several months. The treating physician requested a second lumbar spine S1 epidural steroid injection under fluoroscopy with a myelogram/sedation. The objective findings on examination included a negative straight leg raising and 5/5 strength; no muscle weakness; no neurological deficits. The diagnosis was lumbar radiculitis and s/p lumbar laminectomy. The patient was taking Norco for pain; however the patient reported that he only takes Norco occasionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal S1 Epidural Steroid Injection with Myelogram, Fluoroscopy, and conscious sedation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic pain Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid injections, page(s) 46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter - lumbar spine ESI Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines updated back chapter 12 pages 179-80.

Decision rationale: The criteria required by the California Medical Treatment Utilization Schedule (MTUS) for the provision of a repeated lumbar epidural steroid injection (ESI) was not documented. The patient does meet the California (MTUS) criteria for a lumbar ESI under fluoroscopic guidance to the S1 nerve root bilaterally. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a bilateral S1 nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain s/p laminectomy for a radiculitis. The first injection documented reported relief; however there was no documented functional improvement or reduction in the use of prescribed medications. There is no documented rehabilitation effort. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence based guidelines for the use of a lumbar ESI by pain management. The California (MTUS) requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines (ODG) recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended if the patient obtains 50-70% pain relief for at least 6-8 weeks. Additional blocks may be required; however the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include acute exacerbations of pain or new onset of symptoms. Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is noted to use Norco only occasionally and has not been demonstrated to have any sustained functional improvement based on the first S1 ESI. The patient is being treated for a subjective radiculitis with reported chronic low back without magnetic resonance imaging (MRI) or electromyography (EMG) and nerve conduction velocity (NCV) evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a second lumbar spine S1 radiculopathy.