

Case Number:	CM14-0043631		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2005
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old male who reported an injury on 03/22/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 05/01/2014 indicated diagnoses of degenerative disc disease and spondylosis of the lumbar spine at the 2 lowest levels associated with facet spondylosis and a minimal grade 1 degenerative spondylolisthesis presumably at L5-S1 and bilateral lower extremity radiculitis, degenerative lumbar/lumbosacral disc, lumbosacral spondylosis, acquired spondylolisthesis, unspecified thoracic/lumbar neuritis/radiculitis. The injured worker reported he underwent a left L4-5 transforaminal epidural steroid injection dated 02/25/2014, which did not provide any relief of his leg pain or his low back pain. The prior lumbar epidural injection provided nearly 100% relief of his bilateral leg symptoms as well as 50% relief of his lower back symptoms. The provider indicated he wanted to try 1 more lumbar epidural injection before giving up and looking at surgical options. The injured worker reported moderate to severe low back pain that was localized in the center of his lower back that radiated from his lower back down both of his legs, more prominent in his left leg, associated with some numbness and tingling in both of his legs. The injured worker reported constant sharp stabbing left foot pain with radiation of the pain to all of his toes associated with difficulty bearing weight on the medial aspect of his left foot, which was related to the failed tarsal tunnel surgeries. On physical examination of the lumbar spine, the injured worker stooped forward very slightly. The range of motion revealed flexion of 40 degrees, extension of 10 degrees, rotation of 35 degrees, and lateral bending of 15 degrees. There was moderate tenderness in the midline over the spinous process mainly at the lumbosacral junction. There was mild to moderate tenderness in the paraspinal muscles especially inferior adjacent to the sacroiliac joints. There was mild tenderness at both the sacroiliac joints. There was mild tenderness over both of the sciatic nerves and the majority of

the pain was described as being deeper than on the surface. The injured worker's deep tendon reflexes were unobtainable at the ankles as well as the knees. The injured worker had severe grade 4, possibly grade 3 weakness of the left first dorsal interosseous muscle. The injured worker's straight leg raise test was in the sitting position to approximately 70 degrees with lower back pain. The injured worker's prior treatments included diagnostic imaging, lumbar epidural steroid injections, and medication management. The injured worker's medication regimen included Motrin, Vicodin, Ambien, and Flexeril. The provider submitted a request for a lumbar epidural steroid injection. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for low back regarding epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted indicates the injured worker had 2 prior epidural steroid injections. The Guidelines recommend no more than 2 epidural steroid injections. In addition, there was lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation. Moreover, the second epidural steroid injection did not indicate how long pain relief lasted. Additionally, the request did not indicate fluoroscopy for guidance. Furthermore, the request does not indicate a level for the epidural steroid injection. Therefore, the request for Lumbar epidural steroid injection is not medically necessary and appropriate.