

Case Number:	CM14-0044481		
Date Assigned:	07/02/2014	Date of Injury:	12/21/2011
Decision Date:	09/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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:

This is a 68-year-old patient who reported an industrial injury to the back on 12/21/2011, almost three (3) years ago, attributed to the performance of customary job tasks. The patient is being treated for the diagnoses of thoracic/lumbosacral neuritis/radiculitis unspecified. The new patient evaluation/consultation reported that the patient complained of low back pain, and left hip pain with radiation to the left LE in the S1 distribution. The patient was reported to have been injured due to the cumulative trauma of repetitive bending and lifting [REDACTED]. The patient has received two prior NRBs at L4 and L5. The patient was noted to be improved subsequent to the injections. The patient last worked during 2011. The objective findings on examination included lower back tenderness over the lower lumbar facet joints; bilateral L1-L5 paraspinal muscles with palpable spasms; range of motion positive facet maneuvers bilateral L4-L5 and L5-S1; straight leg raise positive on the left; decreased strength left hip flexion 4+/5 otherwise 5/5; sensory examination diminish left L3-L4 distribution; reflexes with diminished left patellar and absent left ankle DTRs; gait antalgic. The lumbar spine MRI dated 12/5/2011, documented evidence of grade 1 anteriorolisthesis of L4 on L5; anteriorolisthesis at disc bulge and facet arthropathy at L4-L5 resulting in mild bilateral neural foraminal stenosis and mild central canal stenosis. L5/S1 disc bulge and bilateral facet arthropathy without significant neural foraminal stenosis. L2-L3 protrusion abutts exiting left L2 nerve root; multilevel degenerative disc disease superimposed on congenitally short pedicles resulting in moderate bilateral neural foraminal stenosis at L2-L3 and L3-L4 and mild neural foraminal stenosis at L4-L5 and L1-L2 levels. The diagnoses included lumbosacral radiculopathy; spinal stenosis of lumbar region; and lumbosacral pain. The patient was reported to have been evaluated by two prior orthopedic spine surgeons and has opted for conservative care. The patient was prescribed nabumetone; gabapentin; Ultracet; and

omeprazole. The treatment plan also included additional physical therapy due to deconditioning and repeated lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI L4 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (EPI'S) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-180, 300, Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI.

Decision rationale: The criteria required by the CA MTUS for the provision of a repeated lumbar ESI were not documented. The patient does meet the CA MTUS criteria for a repeated lumbar ESI under fluoroscopic guidance. 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 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 with radiation to the lower extremity. The requested ESI is directed to lumbar spine DDD. The patient is documented to have received previous (2+) lumbar spine ESIs with no sustained functional improvement. There was no documented sustained functional improvement with the previously provided lumbar spine ESI's as there was no quantification of the percent of relief or the duration of time of relief. The CA MTUS does not recommend more than two (2) lumbar ESIs. 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 CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The 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 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 four (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. There is no demonstrated medical necessity for the requested transforaminal lumbar spine ESI at L4 and S1 for the effects of the industrial injury.