

Case Number:	CM14-0044792		
Date Assigned:	07/02/2014	Date of Injury:	04/01/2011
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 48-year-old female who has submitted a claim for cervical spine sprain/strain, lumbar spine disc displacement, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, right shoulder pain, depression, chronic pain, and herniated nucleus pulposus with extrusion at L4/L5 with bilateral L5 nerve compression and annular tear at L4-L5 and L5-S1 associated with an industrial injury date of April 1, 2011. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 7/10 in severity. The pain radiates to the bilateral lower extremities. It was aggravated by activity and walking. Physical examination showed lumbar tenderness on the spinal vertebral L4-S1 levels. Facet signs in the lumbar spine were present. There was slight to moderate limitation on lumbar range of motion. Decreased motor strength was noted on the lower extremities. Sensation was decreased on the left lower extremity. Straight leg raise test was positive. MRI of the lumbar spine, dated September 24, 2012, revealed posterior annular tear and disc herniation at L4-L5 measuring 6mm and compressing upon the transversing L5 nerve roots bilaterally, hypertrophic facet arthropathy and posterior disc protrusion that resulted in moderate canal and moderate bilateral neuroforaminal stenosis, and disc desiccation and hypertrophic facet arthropathy at L5-S1 associated with tiny posterior annular tear and mild bilateral neuroforaminal stenosis. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and lumbar epidural steroid injection. Utilization review, dated March 13, 2014, denied the request for bilateral L4-L5, L5-S1 transforaminal epidural steroid injection because there was no documentation of previous measures attempted and no results documented from previous epidural. An appeal letter, dated April 21, 2014 states that the patient has considerable persistent pain with negative impact on function and has failed more conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 Transforaminal epidural steroid injection: 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 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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. In this case, the patient has persistent low back pain with bilateral lower extremity radiculopathy. The radiculopathy was corroborated by the MRI findings. The latest lumbar epidural steroid injection was done last April 4, 2013. The patient reported a positive response from the injection. However, objective pain relief measures and evidence of functional improvement were not documented. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. The guideline criteria have not been met. Therefore, the request for Bilateral L4-L5, L5-S1 Transforaminal epidural steroid injection is not medically necessary.