

Case Number:	CM14-0047495		
Date Assigned:	07/02/2014	Date of Injury:	09/22/2005
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/15/2014

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 and is licensed to practice in Texas. 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 32 year old male with 9/22/2005 date of injury. He underwent left L5-S1 hemilaminectomy, medial facetectomy and microscopic decompression on 2/16/2009. He is treating for diagnoses lumbar postlaminectomy syndrome and lumbar radiculopathy. The 2/20/2011 lumbar spine MRI revealed: 1. Recurrent left posterior disc extrusion status-post left L5 hemilaminectomy and probable prior microdiscectomy. 2. Contrast enhanced images demonstrate enhancement outlining focal disc extrusion posteriorly on the left at L5-S1. According to the 1/27/2014 procedural report, the patient was administered a caudal LESI (lumbar epidural steroid injection) under fluoroscopy. The patient presented for follow-up examination on 2/14/2014, after having received recent injection. He complains of back pain that radiates to the back, described as aching and burning, with associated numbness and weakness. Pain is rated 9. He states his medications stayed the same. He is not currently working. On examination, motor strength is symmetric, sensory grossly intact to light touch, reflexes absent at left ankle, SLR positive at 80 degrees on the left, palpation over the back does not elicit any pain symptoms, gait is antalgic, and ROM is restricted in the lumbar spine. The patient states the last injection helped him, he estimates by at least 50%. He continues with Tramadol and ibuprofen, and since he describes burning pain in the left leg, Gabapentin 300mg three times a day has been added. He remains P&S. The patient returned for follow-up examination on 3/14/2014. Subjective complaints and medications are unchanged, pain is rated 8/10. Physical examination reveals symmetrical motor strength, sensory grossly intact, reflexes symmetrical bilaterally, palpation over the back elicits pain symptoms, antalgic gait and ROM of the left hip is normal. Request is for left L5-S1 transforaminal ESI. He feels Tramadol does not help, and requests something stronger. He is prescribed Norco, and continues Gabapentin and Ibuprofen as well. He remains P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) left L5-S1 under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: According to the CA MTUS guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines state, 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. The patient received a caudal approach epidural steroid injection on 1/27/2014. He returned for follow-up on 2/14/2014, at which time he reported 9/10 pain level, and that medications had continued unchanged. In addition, additional medication was prescribed on 2/27/2014, and because the patient did not feel Tramadol was effective, he requested a stronger opioid, and so Norco was prescribed on 3/14/2014. The medical records do not demonstrate the patient obtained at least 50% pain relief with associated reduction of medication use for six to eight weeks, as is required under the guidelines for repeat injection. Therefore, the request for transforaminal epidural steroid injection (ESI) left L5-S1 under fluoroscopy is not medically necessary.