

Case Number:	CM14-0048447		
Date Assigned:	07/02/2014	Date of Injury:	09/22/2007
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 56-year-old female with a date of injury of 09/22/2007. The patient's diagnoses include left lumbar radiculitis, C6-C7 pseudoarthritis, chronic pain syndrome, headaches, and narcotic dependency. According to the medical record this patient is status post revision anterior cervical discectomy and fusion C3-C6, left paracentral disc protrusion C6-C7 with left lateral recess and foraminal stenosis, multilevel lumbar laminotomy and discectomy and left shoulder arthroscopic surgery. There is a note from 02/06/2014 reporting the patient's complaint of severe low back pain with radiation into her buttocks, thighs and calves. The lumbar spine examination and physical examination findings include restricted lumbar range on motion with intact motor and sensory function of the lower extremities. There is a report from 02/18/2014 with reference to a previous lumbar epidural steroid injection performed in October of 2013 for left lumbar radiculopathy. There is, reportedly, several months of improvement after this procedure. Of note, on this date the patient reports return of sciatic symptoms with left leg numbness and weakness. Physical examination findings reveal distal left leg weakness and left leg sensory loss. An MRI of the lumbar spine demonstrates moderate left and mild right foraminal narrowing at L4-L5 and L5-S1.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural Steroid Injections.

Decision rationale: According to MTUS guidelines epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. This patient does have some subjective (reported left radicular pain) and objective evidence of left sided radiculopathy. There is no objective evidence of right sided lumbar radiculopathy. There is documented MRI findings consistent with a diagnosis of left lumbar radiculopathy. The MTUS guidelines clearly state there must be documented evidence of radiculopathy both by physical examination and imaging studies or electrodiagnostic testing. In addition, there is little to no documented evidence of the details of reported previous epidural steroid injection from October 2013. According to the ODG, the transforaminal approach is generally not considered to be superior to interlaminar injections. In addition, there is no documentation indicating if previous epidural steroid injections were performed under fluoroscopic guidance. There is no clearly documented evidence of the nature and length of success (pain/inflammation relief and restoration of range of motion) after this epidural steroid injection. MTUS guidelines state, repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. There is no clearly delineated and documented medical evidence of 50% pain relief or reduction in the use of medication as a result of previous epidural steroid injection. Therefore, the request for bilateral L4-L5 & L5-S1 transforaminal epidural steroid injection is not medically necessary.

Lumbar epidural injection L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic , Epidural Steroid Injection.

Decision rationale: According to MTUS guidelines epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. This patient does have some subjective (reported radicular pain) and objective evidence of left sided radiculopathy. There is documented MRI findings consistent with a diagnosis of left lumbar radiculopathy. The MTUS guidelines clearly state there must be documented evidence of radiculopathy both by physical examination and imaging

studies or electrodiagnostic testing. In addition, there is little to no documented evidence of the details of reported previous epidural steroid injection from October 2013. In addition, there is no documentation indicating if previous epidural steroid injections were performed under fluoroscopic guidance. There is no clearly documented evidence of the nature and length of success (pain/inflammation relief and restoration of range of motion) after this epidural steroid injection. MTUS guidelines state, repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. There is no clearly delineated and documented medical evidence of 50% pain relief or reduction in the use of medication as a result of previous epidural steroid injection. Therefore, the request for bilateral L4-L5 & L5-S1 transforaminal epidural steroid injection is not medically necessary.