

Case Number:	CM14-0052326		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2013
Decision Date:	08/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 39-year-old male who reported an injury on 04/22/2013 due to an unknown mechanism. The injured worker had a physical examination on 02/17/2014 with complaints of low back pain that was worse as well as radicular pain that radiated down both legs posteriorly. The injured worker's primary care physician wanted to refer the injured worker for a surgical consultation of the spine. It was noted in the report the injured worker has had a prolonged physical therapy and chiropractic treatments. The injured worker has had prolonged use of medications in which has caused him to be drowsy and cognition was affected. The injured worker underwent an epidural injection of the lumbar spine in November 2013 and had 40-50% decrease of back pain and 60-70% decrease of left leg pain, however the pain was returning and worsening. The injured worker has been doing home exercise protocols with no measurable gains reported. Examination of the lumbosacral spine revealed a positive straight leg raise in the sitting position to 75 degrees bilaterally. The reflexes were within normal limits and the sensory examination was within normal limits. The injured worker had a nerve conduction study and electromyography of the lower extremities which revealed an abnormal EMG (Electromyography) of the left active L5 denervation clinically, radiculopathy by electrodiagnostic criteria. The injured worker had an MRI on 06/28/2013 which revealed at the L4-5 there was a 2 mm central focal disc protrusion that abuts the thecal sac; the neural foramina were patent; at the L5-S1, there was a 4 mm spondylolisthesis of the L5; there was a central focal disc protrusion that cannot accurately be measured due to the spondylolisthesis; spinal canal and neural foramina were patent. Medications for the injured worker were Norco, Neurontin, Tramadol/Baclofen rub and Flurbiprofen/Gabapentin/Lidocaine rub for the treatment of chronic pain. The injured worker was started on Neurontin on the 02/04/2014 examination. Diagnoses for the injured worker were severe flare ups spondylolisthesis, ligamentous damage and

spondylolisthesis lumbar spine L5-S1 with discopathy at L4-5 and bilateral sciatic neuritis. The request submitted was for left transforaminal epidural steroid injection L4-5, L5-S1. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The injured worker had a lumbar epidural steroid injection 11/06/2013 to the L5-S1 with a 40% to 50% decrease of lower back pain and 60% to 70% decrease of left leg pain; however, the pain returned and the injured worker states it is worse. It was not noted how long the epidural injection gave pain relief. The California Medical Treatment Utilization Schedule states epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The most current guidelines recommend no more than 2 epidural steroid injections at 1 time. The purpose of the epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroid Anti-Inflammatory Drugs (NSAIDs), and muscle relaxants). Injections should be performed using fluoroscopy (live X-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is adequate response to the first block. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a previous epidural steroid injection where he did state he had some pain relief but it was short lived, and he stated the pain was worse. There was no documentation of medications being reduced. Functional improvement for the injured worker was not documented. There were no objective findings of radiculopathy on examination. Therefore, the request of left Transforaminal Epidural Steroid Injection at L4-5 and L5-S1 is not medically necessary and appropriate.