

Case Number:	CM14-0062102		
Date Assigned:	07/11/2014	Date of Injury:	05/10/1977
Decision Date:	09/17/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Ohio. 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 69-year-old male who reported an injury on 05/10/1977 due to an unspecified mechanism of injury. On 03/04/2014, he reported that his right leg pain was getting worse and that the pain would shoot from the lower right foot up to the lower back; paresthesias of the feet were noted to have improved. He also stated that in the past he had received epidural steroid injections that had provided over 50% of pain relief for over 3 to 4 weeks. He rated his pain on average at a 3/10 to 4/10, with a "recent" right leg pain of 5+/10. A physical examination revealed tenderness to palpation primarily at the L4-5 greater than the L5-S1, no trigger points or spasms were noted, and there was an increased tone noted along the lumbar PSM and mild tenderness to palpation. Lumbar flexion was documented as 45 to 50 degrees, lumbar extension was noted to remain at 5 degrees, tilt and rotation were noted to be full or near full. He had a negative straight leg raise bilaterally, motor strength was 3+ on the right EHL with extension right dorsiflexion, and the remainder was noted to be 4+/5 of the lower extremities. There was also diminished sensation noted in a stocking pattern as well as along the L4-5 dermatomes bilaterally. An unofficial MRI dated 09/13/2013 of the lumbar spine reportedly showed marked scoliosis, grade 1 spondylothesis at the L4-5, mild retrolisthesis at the L5-S1, marked degenerative facet changes at the L4-5 bilaterally, marked narrowing of the right L1, L2, L3, L5, and L4 moderate at the L3-5 on the left, and multilevel decreased disc height with disc desiccation at the L1-2 to L5-S1. His diagnoses were listed as chronic low back pain secondary to multilevel degenerative disc disease, chronic low back pain secondary to multilevel facet joint osteoarthritis, marked lumbar scoliosis with lateral vertebral body wedging and large osteophytes, chronic acute with superimposed acute L4 through L5-S1 nerve root radiculitis, bilateral lower extremity neurogenic claudication, chronic low back pain, and a history of gastric ulcer. Past treatments included medications and epidural steroid injections. The Request for

Authorization form was signed on 03/14/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-5 with Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46. The Expert Reviewer's decision rationale: The request for Epidural Steroid Injection at L4-5 with Fluoroscopy is non-certified. The injured worker was noted to have decreased sensation and decreased strength. He was also noted to have received epidural steroid injections in the past. The California MTUS Guidelines state that "criteria for use of epidural steroid injections include radiculopathy being documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker had to have been initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Repeat blocks should be based on continued objective documented and functional improvement including at least 50% of pain relief with associated reduction of medication use for 6 to 8 weeks." Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, it was stated that the injured worker had received epidural steroid injections previously; however, there was no documentation regarding continued objective documented pain and functional improvement and reduction of medication use for 6 to 8 weeks. In addition, there was a lack of documentation regarding the failure of conservative treatment and MRI results supporting a diagnosis of radiculopathy. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is considered not medically necessary.