

Case Number:	CM14-0068349		
Date Assigned:	07/14/2014	Date of Injury:	04/23/2007
Decision Date:	08/20/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational Medicine 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 claimant was injured on 04/23/07 and bilateral L5 epidural steroid injections with sedation and fluoroscopy were recommended on 04/17/14. They are under review. The claimant had a previous epidural steroid injection. The report of the response of the patient to that injection was not received. She has chronic low back pain. She has been on a number of medications. She has diagnoses of post laminectomy syndrome and chronic pain. She is status post fusion at L4-5 and L5-S1. She has been on multiple medications. She reportedly had epidural steroids in the past but could not recall her response because it was so long ago. MRI dated 04/02/09 revealed spondylolisthesis of L4 upon L5 and L5 upon S1. There is a disc protrusion at L5-S1 posteriorly to the right side with mild narrowing of the right neural foramen. This was associated with a disc protrusion and hypertrophic changes involving the right facet joint. There is mild narrowing of the right neural foramen at L4-5. There is no documentation of radiculopathy. There are also no recent notes and they appear to end in 2013. An EMG was recommended in a panel QME dated 09/26/13. It is not clear whether she had epidural steroid injections before or after her surgery. An MRI dated 07/16/13 revealed findings that appeared to be stable from the most recent CT myelogram of 01/03/11. There was L4-S1 spinal fusion. There is moderate to severe right L4-5 foraminal stenosis due to bony overgrowth. It was otherwise negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 ESI with fluroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a repeat lumbar ESI at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is no evidence of radiating pain that is consistent with radiculopathy bilaterally on PE and no EMG demonstrating bilateral radiculopathy has been reported. No focal neurologic deficits consistent with radiculopathy have been documented. The MRI of the lumbar spine does not demonstrate nerve root compression. It is not clear whether the claimant has exhausted all other reasonable treatment for her symptoms or whether she has been doing an ongoing rehab program. In addition, the level(s) injected and the claimant's response to epidural steroid injections in the past are unknown. As a result, repeat injections of this type bilaterally at level L5 are not medically necessary or indicated. The request is not medically necessary and appropriate.