

Case Number:	CM14-0070220		
Date Assigned:	07/14/2014	Date of Injury:	02/19/2008
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 51-year-old male who sustained work-related injuries to his low back on February 19, 2008. Progress report dated May 24, 2012 notes the injured worker reported 60% relief from his low back pain with radicular component status post bilateral L3-L4 epidural steroid injections performed last April 12, 2012. However, he reported that as he increased his activity, his pain started to return to the groin and anterior thigh region bilaterally. Moderate amount of paraspinal tenderness was noted and straight leg raise test reproduced pain in the L3 dermatome. Additional epidural steroid injection to the bilateral L3-L4 was recommended. The injured worker underwent a second bilateral L3-L4 transforaminal epidural steroid injection on July 18, 2012. On August 15, 2012, the injured worker reported "70% diminution in radicular pain" and "40% increase in tolerance to standing and walking." Physical examination findings showed tenderness over the lumbar spine muscles and improved ranges of motion by "30% in all planes." Additional bilateral L3-L4 epidural injection was requested. On October 25, 2012, the injured worker reported "complete resolution" of his bilateral lower extremity radicular pain following last two epidural injections at the bilateral L3-L4. Lumbar examination results showed normal findings. Evaluation dated April 23, 2014 notes that the injured worker felt that his prior epidural injections was wearing off and his low back pain has been elevated for the past two weeks. He has undergone physical therapy in the past without benefit. He is currently taking Ibuprofen with benefit. Relevant examination findings showed tenderness over the lumbosacral spine, pain with extension past neutral, and positive bilateral straight leg raise test. Authorization for third bilateral L3-L4 epidural injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection Bilateral L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate the criteria for additional epidural steroid injections includes documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication for six to eight weeks. Based from the medical records available, the injured worker underwent his first injection on April 12, 2012 and reported during his evaluation May 24, 2012 that as he increased his activity, his pain started to return to the groin and anterior thigh region bilaterally. The degree of relief from the first injection was documented at the 5 week point. He underwent second epidural steroid injection on July 18, 2012 and as per evaluation on August 12, 2012, he reported "70% diminution in radicular pain" and "40% increase in tolerance to standing and walking" 3 weeks after. In addition, the Chronic Pain Medical Treatment Guidelines state that repeat epidural steroid injection consideration is indicated if there is documentation in physical examination findings of neurological deficit involving the relevant nerves as corroborated by imaging studies and/or electrodiagnostic testing. The injured worker's medical records showed no evidence of reflex, sensory, or motor deficits or radicular symptoms in any dermatomal pattern. Further, the injured worker does not have any recent imaging studies of the lumbar spine or electrodiagnostic studies that would corroborate findings of lumbar radiculopathy at the L3-L4 level. Therefore, it can be concluded that the request for lumbar transforaminal epidural steroid injection to the bilateral L3-L4 level is not medically necessary at this time.