

Case Number:	CM14-0080807		
Date Assigned:	07/23/2014	Date of Injury:	02/17/2010
Decision Date:	10/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain 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 injured worker is a 60-year-old male who reported an injury on 02/07/2010. The mechanism of injury occurred while pulling a pallet of water off of a truck. His diagnoses included chronic strain/sprain of the lumbar spine associated with right leg sciatica, status post spinal lumbar laminectomy at the L5-S1 level, status post exploration of the lateral popliteal nerve at the right knee times 2 with residual weakness and loss of the first sacral nerve integrity at the right leg. The injured worker's past treatments included medications, physical therapy, surgery, acupuncture, psychotherapy, and an epidural steroid injection. His diagnostic exams included an x-ray of the lumbar spine, which revealed degenerative changes. The injured worker's surgical history included a lumbar laminectomy at the L4-5 and L5-S1 in 2010. On 05/08/2014, the injured worker complained of pain to the right side of the lower back that radiated into the right leg as far as the foot. There was also numbness in the right foot. His pain level was rated 7/10 at rest and 10/10 with activity. He also stated that he continued to suffer with back pain and that he did not do well with walking great distances. The injured worker also indicated that bending, twisting, reaching or lifting aggravated his pain symptoms. The physical exam revealed visible atrophy of the right calf with a significant limp favoring the right leg. The exam also revealed limited range of motion to the lumbar spine. The range of motion values included 50 degrees of flexion, 5 degrees of extension, 10 degrees of lateral side bending and 20 degrees rotational bending. A neurological exam revealed that reflexes were absent in the right ankle and diminished in the left with numbness extending into the right foot. A stretch test revealed a positive nerve entrapment in the lower back. The injured worker's medications include over the counter anti-inflammatories and pain medications. The names of the pain medications were not specified. The treatment plan consisted of a repeat lumbar epidural steroid injection, pain management consult, comprehensive metabolic panel and continuation of medications. A request

was received for a lumbar epidural steroid injection to the L5-S1 level. The rationale for the request is that the injured worker had good relief of pain and discomfort for several weeks with a previous lumbar epidural steroid injection. The Request for Authorization form was signed and submitted on 05/016/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI) L5- S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for a Lumbar Epidural steroid injection (ESI) L5- S1 is not medically necessary. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain that is defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. There must also be notation that an epidural steroid injection is being used in conjunction with active rehab efforts. Epidural steroid injections are not recommended for spinal stenosis or for nonspecific low back pain. The need for epidural steroid injections is contingent on the injured worker meeting the criteria for the use of these injections. The criteria for use includes radiculopathy that is documented and corroborated by electro diagnostic testing, evidence that the injured worker was initially unresponsive to conservative treatments, evidence that the injection is being performed with fluoroscopy and evidence that there are no more than 2 root levels being injected. Also, for the use of repeat injections there should be documentation of continued objective pain relief, decreased need for pain medication and functional response. Also, after the initial blocks are given, there must be documentation that states that at 50% to 70% of the pain relief lasted for at least 6 to 8 weeks. Based on the clinical notes, the injured worker complained of pain to his right lower back with radiating symptoms down into his right leg as far as his right foot. There was also noted weakness and decreased sensation of the right ankle. The injured worker also complained of numbness extending into the right foot, which was currently unverifiable by distribution. Based on the guidelines, the request would not be supported as there was lack of documentation indicating that after the initial injection the injured worker had at least 50% to 70% pain relief for at least 6 to 8 weeks. The clinical notes indicated that the injured worker stated that he had "good relief of pain and comfort for at least 7 weeks." Documentation of pain relief must be corroborated by quantitative measures to determine the efficacy of the previous injections. Also, it is unknown if the injections lasted for at least 6 to 8 weeks, which is recommended by the guidelines. Additionally, the clinical notes failed to indicate continued objective documentation indicating pain relief, decreased need for pain medications and his functional response after the first injection. Also, it is not evident that the request would be used with fluoroscopy as indicated by the guidelines. The indications for repeat blocks include acute exacerbation of pain or new onset of radicular symptoms, which the clinical notes failed to indicate. Therefore, due to lack of documentation indicating that the injured worker had

significant pain relief, a decreased need for pain medications and an increase in functional response, the request is not supported. Thus, the request for a lumbar epidural steroid injection of the L5-S1 is not medically necessary.