

Case Number:	CM14-0083472		
Date Assigned:	07/21/2014	Date of Injury:	07/15/1999
Decision Date:	12/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This is a 68 year old male with a work related injury to his cervical spine and lumbar spine on July 15, 1999. Medical history includes hypertension and acid reflux. He has a past surgical history of anterior fusion C (cervical) 4-5, C 5-6 and C 6-7 in 2004. The following progress notes are available: 05/01/2014 - The injured worker (IW) was complaining of low back and right leg pain rating it 6-8/10. He described the pain as aching, sharp, stabbing sensation and numbing. Physical exam notes approximately 50% restriction of range of motion (of the cervical spine) without pain. The IW was tender across the lower back with 75 % restriction of extension and 50% with flexion. He had a positive straight leg raise on the right and a negative Patrick's sign. Depressed ankle reflexes were present. Diagnostic studies noted at this visit were MRI of the lumbar spine done on 02/07/2007 showing multilevel degenerative disc disease L (lumbar) 1-2 to L5-S (sacral) 1 and facet osteoarthritis throughout with bilateral foraminal narrowing. This report is not available in the submitted records. The provider requested a right L4-5 and L5-S (sacral) transforaminal epidural steroid injection on May 1, 2014. Diagnoses included:- Post 3 level cervical anterior fusions with significant benefit, currently stable.- Progressive lumbar degenerative disc disease at multiple levels, worse at L45- and L5-S1.- Lumbar radiculopathy down the right leg.- Lumbar facet osteoarthritis.- Lumbar myofascial pain problem. The provider documented in progress notes the IW had received some benefit from physical therapy. There is no mention of number of sessions or if the sessions resulted in functional improvement. There was no physical therapy records submitted for review. On 05/22/2014 utilization review issued a decision of non-certification of the request for L4-S1 transforaminal epidural steroid injection stating "Use of epidural steroid injection in the absence of documentation of a diagnostic study corroborating the presence of lumbar radiculopathy is not clinically indicated." "There is no documentation of a recent trial of conservative care." Guidelines were California Medical

Treatment Utilization Schedule (MTUS) - Epidural steroid injections MTUS Chronic pain - page 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI right Lumbar 4-5, Lumbar 5-Sacral 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc.). As such, the request for Transforaminal ESI right Lumbar 4-5, Lumbar 5-Sacral 1 is not medically necessary.