

Case Number:	CM14-0097724		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2008
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 patient is a 33-year-old male who has submitted a claim for lumbar disc disease, chronic left L5 lumbar radiculopathy with subacute right L5 lumbar radiculopathy, and chronic lumbar strain associated with an industrial injury date of 01/28/2008. Medical records from 11/26/2013 to 05/12/2014 were reviewed and showed that patient complained of low back pain graded 4/10 radiating down the left leg. The pain was aggravated by heavy lifting, forward bending, and twisting. Physical examination revealed tenderness over lumbar paraspinal muscles, decreased lumbar ROM, decreased sensation over left great toe, MMT of 4/5 over left knee flexor, foot invertor, and great toe extensor, decreased left patellar, ankle, and hamstring reflexes, and positive SLR test on the left at 70 degrees. MRI of the lumbar spine dated 03/13/2013 revealed central disc protrusion at L4-5 with small annular tear which may be affecting the left L5 nerve root. Treatment to date has included bilateral L5-S1 ESI (04/11/2014), physical therapy, chiropractic treatments, acupuncture, and pain medications. Of note, there was no documentation of percentage and duration of pain relief from ESI dated 04/11/2014. Utilization review dated 05/22/2014 denied the request for left L5-S1 and left S1 transforaminal epidural steroid injection (ESI) under fluoroscopic guidance because there was no clear detail provided as to what percentage and duration of pain relief was achieved from recent ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and Left S1 tranforaminal Epidural Steroid Injection (ESI) under Fluoroscopic Guidance: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. 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. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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. In this case, patient complained of low back pain radiating down the left leg. Physical exam findings include positive SLR test on the left at 70 degrees, hypesthesia over left great toe, weakness of left knee flexor, foot invertor, and great toe extensor, and left patellar, ankle, and hamstring hyporeflexia. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support presence of radiculopathy. There was no clear-cut evidence of specific neural compromise with the results of lumbar spine MRI done on 03/13/2013. Hence, objective findings and imaging studies do not support the presence of radiculopathy. It was noted that the patient underwent bilateral L5-S1 ESI on 04/11/2014 with no documentation of functional outcome. The guidelines only recommend repeat ESI upon documentation of 50% pain relief for six to eight weeks from previous ESI. Furthermore, the patient completed unspecified visits of physical therapy and chiropractic care and used various pain medications with no documentation of functional outcome. It is unclear if there is failure of conservative treatment. Lastly, there was no documentation that the patient is currently participating in a rehabilitation program. The guidelines state that ESI should be used in conjunction with other rehab efforts. There is no clear indication for lumbar ESI at this time. Therefore, the request for Left L5-S1 and Left S1 tranforaminal Epidural Steroid Injection (ESI) under Fluoroscopic Guidance is not medically necessary.