

Case Number:	CM14-0121154		
Date Assigned:	08/06/2014	Date of Injury:	01/23/2008
Decision Date:	01/28/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/23/08 with injury to the low back and leg. An MRI of the lumbar spine on 03/04/14 included findings of multilevel disc bulging and protrusions. At L4-5 there was a left lateralized disc extrusion. He was seen on 12/24/13. He was having low back pain radiating into the right leg rated at 5-8/10. He had undergone thoracic spine facet injection with 50% improvement one month before. He was taking tramadol 4-5 times per day. Physical examination findings included decreased lumbar spine range of motion with negative straight leg raising and normal reflexes. Imaging results were reviewed. Tramadol was prescribed. On 04/29/14 he was having increasing pain. Pain was radiating into the left lower extremity. Pain was at 6/10. Imaging results and EMG/NCS test results were reviewed. An EMG had shown findings of right lumbar radiculopathy. Prior treatments had included chiropractic care, physical therapy, and use of TENS. Gabapentin, tramadol, and Medrol were prescribed. He was released to modified duty. On 06/09/14 the claimant underwent bilateral L4-L5 transforaminal lumbar epidural steroid injections. The injections were done with fluoroscopy and use of contrast. The procedure report documents appropriate neurograms during the procedure. In follow-up on 06/17/14 he had felt better for a few days after the injection. He was having pain radiating into the left lower extremity. Percocet was prescribed and authorization for physical therapy was requested. On 07/15/14 he was having left leg pain. He had been seen by a surgeon. The note references the epidural injection as not having worked. Physical examination findings included decreased lumbar spine range of motion with tenderness and pain. There was a positive straight leg raise. The assessment references another trial at an epidural and a poor response due to technical factors not otherwise specified. He was to continue taking gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p200.

Decision rationale: The claimant is nearly 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatment included an epidural steroid injection in June 2014 without apparent benefit. The injection was done with fluoroscopy and included neurograms showing appropriate flow of the medication used during the procedure. Criteria for consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. Alternatively, if the interventionalist believed the medication was not well placed a second injection might be indicated. In this case a prior epidural steroid injection is reported as having been ineffective despite appropriate medication placement. Therefore, the requested repeat lumbar epidural steroid injection was not medically necessary.