

Case Number:	CM14-0188107		
Date Assigned:	11/18/2014	Date of Injury:	04/25/2014
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This 48-year old landscaper reported low back pain with numbness in his right lower extremity after lifting a trashcan at work on 4/25/14. Initial treatment consisted of medications and physical therapy. MRI performed 5/29/14 revealed multiple degenerative changes including 5 mm retrolisthesis at L3-4. There is a large 9x13 mm disc extrusion at L3-4 which migrates 17 mm to the L4-5 area and impinges on the right L4 exiting nerve root. There is also a 5-6 mm disc protrusion at L5-S1 which, combined with facet hypertrophy, impinges on the right exiting nerve roots. The patient's current primary provider first saw him on 7/11/14, and has continued to follow him approximately monthly. At all visits, the patient's complaints were documented as 9/10 pain radiating from back to entire right lower extremity, with numbness and tingling. Exam is notable for an antalgic gait, tenderness of the low back, limited back range of motion, decreased sensation in the right L3-5 and S1 dermatomes, and weakness of the right ankle and foot. Treatment plan invariably includes Hydrocodone/APAP. Tramadol ER, Gabapentin and Ketoprofen are dispensed at the initial visit. At subsequent visits, medications dispensed include only Hydrocodone/APAP and Cyclobenzaprine, with a notation that Tramadol and Ketoprofen provided no relief, and Gabapentin caused difficulty breathing. At each visit, a trial of "rehabilitative chiropractic therapy" 2x per week for 4 weeks is requested, as well as right L4 and L5 transforaminal epidural steroid injections for diagnostic and therapeutic purposes. On 9/23/14, there is a note that the patient's glucose level was 273. On 10/21/14 the provider states that he is retracting his request for epidural steroid injection until the patient gets his glucose under control. A Toradol injection was administered at this visit and, inexplicably, Gabapentin was dispensed without mention of the patient's previous reaction of difficulty breathing. Request for chiropractic treatment 2x4 was repeated. At all visits, the patient's work status is listed as temporarily partially disabled, with restrictions. He has not worked since his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection to right L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The guidelines cited above states that epidural steroid injections (ESI's) are recommended as an option for the treatment of radicular pain, which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. ESI's alone offer no significant long-term functional benefit. The purpose of an ESI is to reduce pain and inflammation, and to restore range of motion in order to facilitate progress in more active treatment programs. Radiculopathy must be documented by physical exam and corroborated by imaging prior to performing an ESI. No more than one interlaminar level should be injected at one session, and no more than two nerve root levels should be injected using a transforaminal approach. The clinical documentation in this case does not support the performance of epidural steroid injections. There is no clear documentation of radicular pain, since the pain is described as involving the patient's entire right leg. The exam findings essentially demonstrate global, stocking configuration numbness of the entire lower right extremity as well as global weakness, which is not likely to represent radiculopathy. The patient is not involved in an active treatment program, and is engaging in no home exercise. Finally, the patient has uncontrolled diabetes, and the treating provider has withdrawn his request for ESI's (which can increase glucose levels) until his diabetes is controlled. Based on the MTUS guidelines cited above and on the clinical documentation provided for my review, transforaminal epidural steroid injections at L4 and L5 are not medically necessary. They are not medically necessary because the patient does not have clearly documented radicular pain, because there is no clear documentation of radiculopathy on exam, because the patient is not involved in an active exercise program, and because his provider has withdrawn the request for ESI until his blood glucose is under better control.