

Case Number:	CM14-0188649		
Date Assigned:	11/19/2014	Date of Injury:	06/10/2005
Decision Date:	05/01/2015	UR Denial Date:	10/22/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male who sustained an industrial injury on 06/10/2005. Diagnoses include status post failed back syndrome and intractable low back pain, bilateral lumbar radiculopathy, and chronic intractable pain syndrome. Treatment to date has included surgery, diagnostics, and medications. A physician progress note dated 10/07/2014 documents the injured worker has persistent low back pain with radiculopathy. Medications help with pain and to keep him functional. His pain is rated about a 6-7 out of 10. There is moderate tenderness over the lumbar paraspinal muscle and over the bilateral gluteus regions. His lumbar range of motion restricted in all directions and he has moderate to severe muscular spasm and guarding. He continues to have positive straight leg raising test bilaterally at about 40-50 degree angle while sitting. There is neurological compromise at L4-L5 distribution and he would benefit from a diagnostic caudal epidural steroid injection with bilateral L4-L5 and L5-S1 to stabilize his flare-up of radicular condition. Treatment requested is for Diagnostic Caudal Epidural Steroid Injection with Bilateral L4-5 and L5-S1 Lumbar Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Caudal Epidural Steroid Injection with Bilateral L4-5 and L5-S1 Lumbar 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 ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Based on the 10/07/14 progress report provided by treating physician, the patient presents with low back pain rated 6-7/10 with bilateral radiculopathy. The request is for Diagnostic Caudal Epidural Steroid Injection With Bilateral L4-5 And L5-S1 Lumbar Epidural Steroid Injection. The patient is status post lumbar fusion L3-S1, date unspecified. Patient's diagnosis per Request for Authorization form dated 09/17/14 includes status post S3-S1 lumbar fusion with failed back syndrome and intractable low back pain, bilateral lumbar radiculopathy, and chronic intractable pain syndrome. The patient is permanent and stationary, per treater report dated 10/07/14. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "In the therapeutic phase, 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." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor (Manchikanti, 2012). "Per progress report dated 09/17/14, treater states the patient "was managing his symptoms with medical management but currently severely symptomatic with worsening nerve irritation down his legs... he is clearly presenting with neurological compromise at L5 distribution. He will benefit from a diagnostic caudal epidural steroid injection with bilateral L4-5 and L5-S1 lumbar epidural injection to stabilize his flare up radicular condition." The patient presents with lower back pain radiating to both legs. Physical examination to the lumbar spine on 09/17/14 revealed decreased range of motion approximately 50-60% in all planes, positive straight leg raise test bilaterally at 40-50 degrees, and mild sensory deficit over the bilateral L5 and S1 dermatomes. Per AME report dated 05/02/13, MRI of the lumbar spine dated 02/04/10 revealed "4mm protrusion on the left at L4-L5 with mild foraminal narrowing. A 6mm right sided paramedian disc protrusion at L5-S1 with abutment against the S1 root. The left L5 pedicle screws were noted to be medially positioned." In this case, treater has documented patient's radicular symptoms, supported by physical examination and corroborated with MRI, as required by MTUS. However, per 05/02/13 AME report, patient had lumbar ESI to left L5-S1 on 01/09/06, and treater states, per progress report dated 01/23/06 that "patient notes some relief of the pain in his legs status post injection.

He had increased pain in the low back..." There is no other discussion of prior injection, and repeat injection would not be supported by MTUS without documentation of significant improvement lasting at least 6-8 weeks. Furthermore, the patient is status post lumbar fusion L3-S1, 2006, per AME report dated 05/02/13. ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.