

Case Number:	CM14-0190814		
Date Assigned:	11/24/2014	Date of Injury:	09/04/2012
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 56 year old male was a custodial supervisor when he sustained a cumulative injury to his back on September 4, 2012. The injured worker was injured while applying stripping material, operating scrubbers, and laying down floors. Prior treatment included chiropractic care, diagnostic studies, activity modifications, and anti-inflammatory, pain, muscle relaxant medications. The injured worker underwent a microdiscectomy at bilateral L4-5 and a foraminotomy at the level left L5-S1 on November 15, 2013. Diagnoses included lumbar degenerative disc disease with central and foraminal spine stenosis, status post bilateral L4-5 decompression and left L5-S1 foraminotomy in 2013, and epilepsy. On March 24, 2014, a MRI of the lumbar spine revealed mild rotoscoliosis, moderate to advanced bilateral foraminal stenosis and mild to moderate lateral recess stenosis, left greater than right, with encroachment on the traversing L5 roots, and to a lesser extent on the right S1 nerve roots secondary to 5-6 millimeter (mm) central annular bulge/disc extrusion end plate spur complex. There was moderate bilateral foraminal stenosis, mild lateral recess stenosis secondary to 5-6 central annular bulge/disc extrusion end plate spur complex protruding into the neural foramina with postoperative changes at the L4-5 level. At the L3-4 level the canal was in the low range normal, and there was mild central canal stenosis secondary to prominent epidural fat/lipomatosis, and a minor annular bulge. The pedicels were developmentally short at the levels of L3-4 and L4-5. On October 2, 2014, the primary treating physician noted continued moderate to severe lower back pain with intermittent bilateral lower extremities radiculopathy, numbness and burning. The injured worker reported radiculopathy, numbness and burning on the dorsal area of the foot down to the sole of the foot. The physical exam revealed normal muscle strength and sensation of the lower extremities. The physician recommended anti-inflammatory, pain, muscle relaxant medications and requested bilateral Transforaminal epidural steroid injection at the levels of L4-

5 (lumbar four-five) and L5-S1 (lumbar five-sacral one). Work status was described as modified duty. On October 16, 2014 Utilization Review non-certified a request for 1 bilateral Transforaminal epidural steroid injection at the levels of L4-5 (lumbar four-five) and L5-S1 (lumbar five-sacral one). The Transforaminal epidural steroid injection was non-certified based on the lack of documentation objective findings of radiculopathy at the levels of L4-5 and L5-S1 and the California Medical Treatment Utilization Schedule (MTUS) guideline for epidural steroid injection (ESI) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: One bilateral transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." Per CA MTUS no more than 2 nerve roots should be injected using transforaminal blocks, the request is for 4 nerve roots. Additionally the physical exam is not consistent with radiculopathy; therefore, the requested services are not medically necessary.