

Case Number:	CM14-0198727		
Date Assigned:	12/09/2014	Date of Injury:	12/17/2007
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a 49 year old female with a date of injury of 12/17/2007. The patient is being treated for lumbar spondylosis and lumbar radiculopathy. Subjective findings include low back pain, bilateral leg pain, numbness and tingling in the leg while seated on 10/14/14. Objective findings include intact sensation and normal 5/5/ motor strength of the lower extremities on 10/14/14. A lumbar spine MRI on 4-14-14 report of increased degenerative changes with moderate spinal stenosis at L4-L5 secondary to facet degenerative changes, ligamentum flavum prominence and disc bulge, increased, disc protrusion at L5-S1 with minimal canal narrowing and barely abutting nerve roots, mild narrowing of left lateral recess at L5 due to facet degenerative changes. Electrodiagnostic studies on 07/17/13 demonstrated bilateral tarsal tunnel syndrome and findings suggestive of a Left S1 radiculopathy. Treatment thus far has consisted of only medications (Norco, Nuvigil, OxyContin, Percocet, Prozac, Wellbutrin, Zanaflex, and Topamax). On 1/14/14 she was authorized for 5 Chiropractic sessions but there is not documentation that she proceeded with this therapy. Utilization Review (UR) on 10/29/14 found the request for Lumbar Epidural Steroid Injection L4-L5 to be non-certified due to lack of failure of conservative measures (physical therapy and pain management), failure to demonstrate radiculopathy on history and physical which is corroborated with imaging or electrodiagnostic studies and a lack of follow up with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings on physical exam were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documented physical exam is unremarkable with normal sensation, strength and reflexes. Responses and fails to demonstrate radiculopathy. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for L4-L5 lumbar epidural steroid injection is not medically necessary.