

Case Number:	CM14-0199558		
Date Assigned:	12/10/2014	Date of Injury:	01/23/2013
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 Injured worker is a 46 year old male who was injured on 1/23/2013. The injured worker states he was in the course of his usual duties lifting a sheet rock when he experienced pain in his lower back radiating down both legs. His primary diagnosis is low back pain, other related diagnoses are bilateral leg pain with numbness, facet syndrome, radiculopathy. His MRI dated 3/12/2013 showed evidence of disc protrusions at multiple levels including L3-4, L4-5 and L5-S1. At L3-4 there is significant protrusion anteriorly with less protrusion posteriorly. There are discogenic changes at L3-4, L4-5 and L5-S1. The central canal is open, there is mild to moderate foraminal narrowing and facet arthropathy. He received a fluoroscopically guided epidural steroid injection on 5/20/2014 to both the right and left neural foramen with a reduction in his pain level to 6-7/10. On 9/5/2014 he was seen for spine consult, his reported pain level was 9/10, his MRI was reviewed and he was deemed to not be a good surgical candidate due to the fact that he has multiple discs involved. It was recommended that he consider injections such as facet joint, medial branch block and possible neurotomies. His physical exam done by his treating physician on 11/4/2014, showed mild tenderness to palpation L4-5, L5-S1 interspaces, normal range of motion, reduced sensation in dorsum of both feet, slump and straight leg testing was positive in both lower extremities. The request is for fluoroscopically guided caudal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic Guided Caudal Epidural Steroid Injection: Overturned

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 Page(s): 46.

Decision rationale: MTUS recommends Epidural Steroid Injections as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most guidelines recommend no more than 2 ESI injections as on average less than 2 injections are required for a successful outcome. According to MTUS, current recommendations suggest a second epidural injection if partial success is produced with the first and a third ESI is rarely recommended. MTUS states that the purpose of ESI 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 offers no significant long term benefit. Review of the injured workers medical records show both subjective and objective findings of radiculopathy as evidenced by positive straight leg testing in both lower extremities as well as reduced sensation in the dorsum of both feet, this has been corroborated by his MRI findings of multilevel disc protrusions and foraminal narrowing. He has received ESI to right and left L5 neural foramen, which resulted in his pain reducing to 6-7/10, review of his medical records show he has reported pain of up to 9/10 on occasion, he does show partial success, which per MTUS recommendation suggests a second injection and even possibly a third, Partial success is not unusual in this particular injured workers case due to the fact that he does have MRI findings of multilevel disc disease and he only got ESI to one level which was L5, MTUS recommends no more than 2 nerve root transforaminal blocks per session. MTUS also recommends no more than 4 ESI blocks per region per year. The injured worker does not appear to have exceeded this recommendation of no more than 4 blocks per region per year and in light of his specific clinical presentation as well as the MTUS guidelines the request for fluoroscopically guided Epidural Steroid Injection is medically necessary.