

Case Number:	CM14-0201347		
Date Assigned:	12/11/2014	Date of Injury:	12/02/2012
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
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 Family Practice 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 39-year old man reported low progressive low back pain without a specific mechanism of injury, date of injury 12/21/12. He had trigger point injections on 4/12/12, an epidural steroid injection on 5/7/13, and a microdiscectomy in 12/13. He has been totally disabled since 1/13. Since the surgery, he has been treated with medications and physical therapy, but has had increasing low back pain. An MRI with contrast performed 10/14/14 revealed no significant disc protrusions; disc bulges and facet hypertrophy at L4-5 and L5-S1; and mild spinal and neuroforaminal narrowing at L5-S1 (side not specified). A primary treating physician's progress note dated 10/23/14 states that the patient complains of increasing back pain. He is obese (BMI 34.5). He sits in a tripod position. He has decreased sensation in a left L5 distribution and mild left great toe and ankle weakness. Straight leg raise is reported as positive on the left. Authorization for a left L5-S1 epidural steroid injection (ESI) is requested "because of ongoing radiculopathy". A 10/31 progress note documents a more complete physical examination and rationale for the ESI. The patient is noted to have decreased sensation of the left lateral and medial foot as well as the anterior thigh. He has weakness of left great toe extension, of bilateral ankle dorsiflexion, and of the right knee extensors. Knee deep tendon reflexes are markedly decreased, left more than right, and ankle reflexes are equal but decreased bilaterally. Both notes contain a statement that the patient that the patient's ESI of 5/7/13 "provided some pain relief". The 10/31/14 note also contains a statement that the patient has been unresponsive to conservative treatment, that he has evidence of radiculopathy based on physical exam, MRI and electrodiagnostic studies, and that his previous ESI provided greater than 50% relief of pain and improvement in function for more than 6 weeks. This statement is obviously prefabricated, since it contains a reference to improved symptoms and function with repeated ESI's (the patient has only had one ESI), and a request to perform a "cervical/lumbar epidural steroid under

fluoroscopic guidance". The ESI was non-certified in UR on 11/18/14, apparently based on MTUS citations. (The records available to me contain the notification of the decision but not the report on which the decision was based.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (L5 and S1) left side: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 9, 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online, evidence-based review service for clinicians (www.uptodate.com), Subacute and Chronic low back pain: Nonsurgical interventional treatment

Decision rationale: The MTUS guidelines cited above state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Epidural steroid injections (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. 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. The clinical documentation in this case does not support the performance of a repeat lumbosacral ESI. The documented findings are not consistent with clear radiculopathy. Documented sensory deficits, weakness and decreased tendon reflexes include deficits in bilateral L3-4, bilateral L4-5, and left S2 areas. The MRI report does not document a lesion that is consistent with clear radiculopathy. Although there is one report containing a clearly prefabricated template that documents good response to the previous ESI, that report and all others in the available records document that the patient had only "some pain relief" after the previous ESI. The patient is not engaged in active treatment program, and has not responded previously to physical therapy and home exercise. He remains totally disabled, and no functional goals are documented. Based on the evidence-based citations above and on the clinical records provided for review, a left lumbar ESI at L5-S1 is not medically necessary because the patient does not have clear radiculopathy documented on physical exam and confirmed by imaging. It is not clear that the patient had a sufficient response to previous ESI's to warrant further injections. The patient does not appear to be participating in an active treatment program, and because there are no documented functional goals. In addition there is concern about potentially serious side effects and lack of efficacy of ESI's according to the FDA, and there is no documentation of a rationale for their performance in this case that is strong enough to override these concerns.