

Case Number:	CM15-0160018		
Date Assigned:	08/26/2015	Date of Injury:	07/07/2006
Decision Date:	10/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/15/2015

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 53 year old male, who sustained an industrial injury on 7-7-06. He has reported initial complaints of a low back injury after slipping and falling carrying wood. The diagnoses have included lumbar degenerative disc disease (DDD) with stenosis, lumbar radiculitis, and chronic low back pain with radicular pain. Treatment to date has included medications, physical therapy, Transcutaneous electrical nerve stimulation (TENS), acupuncture, lumbar facet blocks, epidural steroid injection (ESI), diagnostics and psychiatric. Currently, as per the physician progress note dated 6-26-15, the injured worker complains of persistent low back pain rated 5 out of 10 on pain scale and is requesting epidural steroid injection (ESI) and to continue with his pain medications which reduced the pain and improved function. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and nerve conduction velocity studies (NCV)-electromyography (EMG) of the bilateral lower extremities. The previous diagnostics were not noted. The current medications included Ultram, Nabumetone and Neurontin. The objective findings-physical exam reveals that he ambulates with a slight antalgic gait. He was able to do tiptoe and heel walking but with increased low back pain. The lumbar spine has decreased range of motion due to pain. The straight leg raise was positive on the right. There is decreased sensation in the right lateral and posterior thigh and leg. Patrick test was positive at the right sacroiliac joint. There is tenderness to palpation of the lumbar paraspinal muscle and the right sacroiliac joint. The physician requested treatment included Left L4 & Right L5 transforaminal epidural steroid injection (ESI) under Fluoroscopy for low back pain and bilateral radicular pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 & Right L5 TFESI under Fluoroscopy: Upheld

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

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

Decision rationale: The patient presents on 06/26/15 with lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 07/07/06. Patient has no documented surgical history directed at this complaint. The request is for LEFT L4 & RIGHT L5 TFESI UNDER FLUOROSCOPY. The RFA was not provided. Physical examination dated 06/26/15 reveals positive straight leg raise test on the right side, decreased sensation in the right lateral and posterior thigh, positive Patrick's test in the right SI joint, and tenderness to palpation over the lumbar paraspinal muscles and right SI joint. The patient is currently prescribed Ultram, Nabumetone, and Neurontin. Diagnostic imaging was not included, however the provider references a lumbar MRI dated 08/09/13 as showing: "l4-15 severe left foraminal stenosis, impinging upon the exiting left L4 nerve root and mild mass effect on the exiting right L2 and L3 nerve roots." Patient is currently classified as permanently partially disabled, is not working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." 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. In this case, the treater is requesting a repeat lumbar ESI for the management of this patient's chronic lower back pain, though the exact nature and date of the previous injections is not provided. Per progress note dated 06/26/15, the provider notes that this patient has been experiencing ongoing lower back pain with a radicular component in the lower extremities. Radiculopathy is substantiated by the 06/26/15 progress report, which includes subjective reports of pain which radiates into the bilateral lower extremities and examination findings showing positive straight leg raise test bilaterally with decreased sensation in the left lower extremity. Diagnostic MRI dated 08/09/13 also indicates nerve root impingement at the requested levels. The progress notes indicate that this patient had a lumbar ESI from a separate provider in the past, stating: "██████████ gave him medications and some time to have epidural steroid injection. He had tried medications, physical therapy, acupuncture, epidural steroid injection." MTUS guidelines require documentation of at least 50% pain relief lasting from 6-8 weeks to substantiate repeat lumbar ESI's. In this case, the provider mentions that this patient has had previous injections, but neglects to document analgesia or functional improvements required to substantiate another. Were the provider to indicate that this patient obtained some degree of lasting analgesia or functional improvement attributed to the prior injection, the recommendation would be for approval. However, without documentation of prior ESI efficacy, a repeat injection cannot be substantiated. Therefore, the request IS NOT medically necessary.

