

Case Number:	CM15-0161472		
Date Assigned:	08/27/2015	Date of Injury:	10/18/1990
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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 56 year old male who sustained an industrial injury on October 18, 1990. A primary follow up dated March 27, 2015 reported chief subjective complaint of back pain and sciatic pain. He is status post L5- S1 fusion in 2005, March 21, 2011. Current medications are: Flector patches, Ibuprofen, Norco 10mg 325 mg. Objective assessment found the worker with: paraspinal spasms; trigger points L5, sciatic lumbar and iliac crest; range of motion is 50% reduced; sensory examination reduced in foot and a straight leg raise test is found positive. The impression noted: sciatic flare up; radiculitis S1; status post lumbar surgery and fusion. Nerve conduction study performed on April 21, 2011 revealed the left lower extremity with normal findings. An magnetic resonance imaging study of lumbar spine done June 02, 2011 showed no significant abnormalities. The worker was administered a trigger point injections under ultrasound guidance on May 29, 2015 and April 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cadual epidural under ultrasound guidance L5 region for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The patient presents on 07/01/15 with lower back pain which radiates into the bilateral lower extremities, and associated paresthesias in the left lower extremity. The patient's date of injury is 10/18/90. Patient is status post L5-S1 fusion on 03/21/11. The request is for caudal epidural under ultrasound guidance L5 region for the lumbar spine. The RFA is dated 07/24/15. Physical examination dated 07/01/15 reveals spasms and trigger points in the lumbar paraspinal muscles, reduced range of motion, reduced sensation in an unspecified foot, and positive straight leg raise test to an unspecified extremity. The patient is currently prescribed Flector patches, Ibuprofen, and Norco. Diagnostic EMG/NCV of the left lower extremity dated 04/21/11 was unremarkable. MRI of the lumbar spine dated 06/02/11 concludes: "No significant abnormalities seen in the postoperative examination as described above." Per 07/22/15 appeal letter, the provider states that this patient has a positive EMG indicating radiculopathy, though the EMG report was not provided for review. Patient is currently 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 caudal lumbar ESI at the L5 level for the management of this patient's chronic lower back pain. Per progress note dated 07/01/15, the provider notes that this patient has been experiencing unresolved lower back pain with a radicular component in the bilateral lower extremities, left worse than right. Radiculopathy is substantiated by the 07/01/15 progress report, which includes subjective reports of pain which radiates into the lower extremities, examination findings showing decreased sensation in the in an unspecified lower extremity, and positive straight leg raise test. However, the diagnostic MRI dated 06/02/11 is remarkable for post-operative changes, but does not indicate any foraminal stenosis or significant disc protrusions. An appeal letter dated 07/22/15 notes that this patient has EMG findings indicative of radiculopathy in the right lower extremity, though the only EMG report submitted for review was of the left lower extremity and is unremarkable. While this patient presents with significant surgical history and continuing chronic pain, the documentation provided does not include electrodiagnostic findings or imaging which clearly demonstrates a nerve root lesion with the potential to cause radiculopathy. Without such documentation, the requested caudal ESI injection cannot be substantiated. Therefore, this request is not medically necessary.