

Case Number:	CM15-0039608		
Date Assigned:	03/09/2015	Date of Injury:	08/30/2008
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 29 year old male, who sustained an industrial injury on 8/30/2008. The current diagnoses are lumbar radiculopathy, degenerative disc disease of the lumbar spine, and herniated disc at L4-5. Treatment to date has included anti-inflammatory medications, physical therapy, and lumbar epidural steroid injection (4/30/2013). After the epidural injection, he had about six to eight months of pain relief. According to the progress report dated 12/1/2014, the injured worker complains of low back and bilateral hip pain, left worse than right. The pain is described as sharp, deep, achy, and constant. The pain is rated 10/10 on a subjective pain scale. The current medications are Celebrex, Robaxin, and patches. The current plan of care includes lumbar epidural steroid injection at L4-L5 and fluoroscopy.

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 Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient was injured on 08/30/08 and presents with low back pain and bilateral hip pain. The request is for a LUMBAR EPIDURAL STEROID INJECTION AT L4-5, FLUOROSCOPY. There is no RFA provided and the patient's work status is not known. On 06/04/13, the patient underwent a lumbar epidural steroid injection at L4-5. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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." The patient is diagnosed with lumbar radiculopathy, degenerative disc disease of the lumbar spine, and herniated disc at L4-5. Treatment to date has included anti-inflammatory medications, physical therapy, and lumbar epidural steroid injection (4/30/2013). From the prior ESI, the "patient has reported 6-7 months relief following the injection. Recently the pain has returned and is described as sharp, deep, achy, and constant." There is no MRI of the lumbar spine provided. MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. In this case, only a general statement is provided stating that the prior ESIs gave "6-7 months relief." There is no numerical value provided regarding how much benefit the patient had from the prior ESI and no documentation of the reduction in medication use. Due to lack of documentation, the requested lumbar epidural steroid injection IS NOT medically necessary.

Fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)'.
Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." The patient is diagnosed with lumbar radiculopathy, degenerative disc disease of the lumbar spine, and herniated disc at L4-5. Treatment to date has included anti-inflammatory medications, physical therapy, and lumbar epidural steroid injection (4/30/2013). There is no MRI of the lumbar spine provided, nor is the ESI for the lumbar spine supported;

Decision rationale: The patient was injured on 08/30/08 and presents with low back pain and bilateral hip pain. The request is for a FLUOROSCOPY. There is no RFA provided and the patient's work status is not known. On 06/04/13, the patient underwent a lumbar epidural steroid injection at L4-5. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." The patient is diagnosed with lumbar radiculopathy, degenerative disc disease of the lumbar spine, and herniated disc at L4-5. Treatment to date has included anti-inflammatory medications, physical therapy, and lumbar epidural steroid injection (4/30/2013). There is no MRI of the lumbar spine provided, nor is the ESI for the lumbar spine supported;

therefore, there is no support for a fluoroscopy of the lumbar spine. The request IS NOT medically necessary.