

Case Number:	CM14-0115313		
Date Assigned:	08/04/2014	Date of Injury:	09/10/2001
Decision Date:	10/08/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 patient is a 77 year old with a work injury dated 9/10/01. The diagnoses include bilateral L5 radiculopathy, L5-S1 disc protrusion; lumbar stenosis; lumbar sprain/strain; right knee internal derangement; status post knee surgery; bilateral hand and upper extremity pain. Under consideration is a request for a fluoroscopically-guided bilateral L-5 - S1 transforaminal epidural steroid injection. There is a medical legal report report dated 7/4/14 that states that the patient has bilateral low back pain radiating to bilateral buttocks and bilateral lateral calves and bottom of right foot. The patient's Soma, Norco, and U1tram were modified and denied, and the patient's Prilosec and fluoroscopically-guided bilateral L5-S 1 lumbar transforaminal epidural steroidinjection were denied. The patient reports pain of 9/10 on the visual analog scale. On exam the skin is within normal limits in all limbs except for surgical scars on back of neck and knee. There is tenderness upon palpation of the bilateral lumbar paraspinal muscles, right worse than left. Muscle girth is symmetric in all limbs. Peripheral pulses are 2+ bilaterally with normal capillary filling. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Patrick's maneuver and straight leg raise were positive bilaterally. Muscle strength is 5/5 in all limbs except for extensor hallucis longus strength is 4+/5bilaterally. Sensation is intact to light touch, pinprick, proprioception, and vibration in all limbs except for decreased L5 dermatome. Heel and toe showed decreased balance and tandem walking were within normal limits. The remainder of the visit is unchanged from the previous visit. The provider is appealing the denial of the patient's fluoroscopically-guided bilateral L5-S 1 transforaminal epidural steroid injection to treat the patient's aggravated bilateral low back pain and bilateral lower extremity radiculopathy. The previous 02/21/2014 bilateral L5-S1 transforaminal epidural steroid injection provided 70% improvement of her low back pain and lower extremity pain for 3 months with reduction of Norco. There is an operative report dated

2/21/14 that reveals a two level, (bilateral L5) Lumbar Transtoraminal Epidural Steroid Injection with fluoroscopy .A 3/19/14 indicates that the patient was given refills for Soma 350 mg p.o. q, 6 hour p.r.n. spasm #120 with no refills; Norco 10/325 mg 1 tab p .o. q. 4 hour p.r.n. pain #180 with 0 refills, and Ultram 50 mg p.o. q.i.d. p .r.n. pain with no refills. A 5/19/14 document states that the patient states that she has been on opioid medication since 2001 and she feels somewhat addicted, though she has likely adjusted the dosage overtime and is requiring more medications. A 6/5/14 document appealing denial of Norco and Soma state that the patient has been taking Norco 10/325 mg q. 4 h.; this was decreased to t.i.d. on 04/16/2014. The patient had been taking Soma 350 mgq.i.d this was decreased to t.i.d, on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-Guided Bilateral L-5 - S1 Transforminal Epidural Steroid injection:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Fluoroscopically-Guided Bilateral L-5 - S1 Transforminal Epidural Steroid injection is not medically necessary per the MTUS Guidelines. The guidelines state that 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 appeal for patient's medications dated 6/5/14 states that the patient has been taking Norco 10/325 mg q4 h which was decreased to t.i.d. on 04/16/2014. The patient had been taking Soma 350 mg q.i.d this was decreased to t.i.d, on 04/16/2014 as well. A follow up appointment dated 3/19/14 states that the patient had a 2/21/2014 bilateral L5-S1 transforaminal epidural steroid injection which provided 70% improvement of her low back pain and lower extremity pain for 3 months with reduction of Norco. The documentation also indicates that the patient was taking Ultram 50 mg p.o. q.i.d. p .r.n. pain. The documentation is conflicting regarding whether or not the patient actually reduced her pain medications for 6-8 weeks post injection in February 2014. The guidelines state that there must be a reduction in medication use for 6-8 weeks post injection. Due to conflicting documentation regarding whether or not this occurred the request for a Fluoroscopically-Guided Bilateral L-5 - S1 Transforminal Epidural Steroid injection is not medically necessary.