

Case Number:	CM14-0135868		
Date Assigned:	09/03/2014	Date of Injury:	06/16/2014
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation 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:

The patient is a 53-year-old male who has submitted a claim for cervical spondylosis with right upper extremity pain, grade I spondylolisthesis at L5-S1, and conjoined nerve roots at right L5-S1 associated with an industrial injury date of 06/16/2014. Medical records from 06/16/2014 to 07/02/2014 were reviewed and showed that patient complained of severe back pain (pain scale grade not available) radiating down the right leg. Physical examination revealed significant tenderness over the low back with mild guarding, pain with extension, weakness of the right ankle plantarflexors, and decreased sensation along L5-S1 dermatomal distribution (laterality unspecified). Deep tendon reflexes (DTRs) of lower extremities were not documented. MRI of the lumbar spine dated 03/07/2014 revealed L3-4 and L4-5 degenerative changes, L4-5 mild bilateral neural foraminal stenosis, and shared nerve sleeve of right L5-S1 nerves. Treatment to date has included cervical and lumbar trigger point injections (06/18/2014), right L5 nerve root block (08/06/2013), and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 07/23/2014 denied the request for lumbar epidural steroid injections x 3 because there was lack of benefit from prior right L5 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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, patient complained of severe back pain (pain scale grade not available) radiating down the right leg. Physical examination findings included weakness of the right ankle plantarflexors, hypoesthesia along L5-S1 dermatomal distribution (laterality unspecified), and undocumented DTRs of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support presence of radiculopathy. MRI of the lumbar spine was done on 03/07/2014 which showed shared nerve sleeve of right L5-S1 nerves. However, the physical findings did not corroborate with imaging studies results, which is required to support ESI. Furthermore, there was no documentation of conservative treatment failure to support ESI. Lastly, the patient underwent a previous right L5 nerve root block (08/06/2013) without documentation of functional outcome and the request was for 3 lumbar ESIs. The guidelines require documentation of 50% pain relief with previous ESI for six to eight weeks prior to repeat ESI. The patient did not meet the criteria for ESI. Therefore, the request for Lumbar epidural steroid injections x 3 is not medically necessary.