

Case Number:	CM14-0139265		
Date Assigned:	09/18/2014	Date of Injury:	10/06/1994
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old female who has submitted a claim for status post posterior lumbar fusion on 2005 and lumbar facet rhizotomy at L2-L4 on 2009, associated with an industrial injury date of October 6, 1994. Medical records from 2014 were reviewed. The patient complained of low back pain radiating down the legs. Patient has responded well to medications provided. She has undergone T8-9 interlaminar ESI and bilateral transforaminal ESI on January 8, 2013 which provided 75% benefit lasting 3-4 months. Physical examination showed mild tenderness over the lumbar spine and diminished sensation in the bilateral lower extremities. MRI of the lumbar spine done on August 21, 2014 revealed solid interpedicular screw and bar fusion from L4-S1 with L4 and L5 laminectomy defects. There were no MRI findings to confirm significant nerve root impingement. X-ray of the thoracic spine done on October 8, 2012 showed moderate vertebral body osteophyte formation of the mid thoracic spine at T8-9 without suspicious lytic or blastic lesions. EMG of the bilateral lower extremities on August 2012 demonstrated mild chronic bilateral lumbosacral motor radiculopathy involving L5 and S1, with some ongoing denervation changes in the right anterior tibialis pointing to an acute component which was also seen in the lumbosacral paraspinals on the left but not the right. The diagnosis was low back pain status post lumbar spine surgeries. Treatment to date has included oral analgesics, muscle relaxants, lumbar spine surgeries, T8-9 interlaminar ESI and bilateral transforaminal ESI. Utilization review from August 6, 2014 denied the request for T8-9 interlaminar and bilateral S1 transforaminal epidural steroid injections with fluoroscopic guidance. Radicular symptoms and findings on exam consistent with T8-9 and bilateral S1 radiculopathies are lacking. There was also lack of consistency with lumbar MRI, and no documented objective clinical evidence of improvement with prior injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

T8-9 interlaminar and bilateral S1 transforaminal epidural steroid injections with fluoroscopic guidance: 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: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and 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. In this case, the patient has undergone T8-9 interlaminar ESI and bilateral transforaminal ESI which provided 75% benefit lasting 3-4 months. However, most recent progress reports do not show evidence of objective radiculopathy at the requested levels for treatment. There were no focal neurologic deficit documented, and no MRI and electrodiagnostic findings to confirm significant nerve root impingement. Furthermore, it was noted that the patient has responded well to medications provided. The guideline requires objective radiculopathy corroborated by imaging or electrodiagnostic studies and unresponsiveness to conservative treatment to warrant ESI. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for T8-9 interlaminar and bilateral S1 transforaminal epidural steroid injections with fluoroscopic guidance is not medically necessary.