

Case Number:	CM14-0146585		
Date Assigned:	09/12/2014	Date of Injury:	08/25/2010
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine, has a subspecialty in Pain Medicine 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:

This is a 47-year-old male patient who sustained an industrial injury on 08/25/10. Diagnoses include cervical spondylosis, cervicogenic headaches, C3-C4 stenosis, severe L4-L5 and L5-S1 stenosis, and lumbar facet arthropathy. Previous treatment has included medications, cervical and lumbar epidural steroid injections, 24 visits of physical therapy, 24 visits of chiropractic treatment, 24 visits of acupuncture. A request for transforaminal epidural steroid injection at L4, L5 and S1 was non-certified a utilization review on 08/04/14. The reviewing physician noted that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 6-8 weeks. In this case, the claimant continued to have low back pain with numbness and tingling in the bilateral feet and MRI shows severe L4-L5 central stenosis with severe bilateral neural foraminal stenosis at L4-L5 and L5-S1. It was noted claimant had lumbar epidural steroid injection in the past but of no benefit. Most recent progress note dated 08/04/14 reveals the patient presented with complaints of persistent neck and back pain rated at 0-1/10. He continues to report intermittent numbness and tingling in both of his feet as well as numbness and tingling in both of his hands. He had an interlaminar epidural steroid injection at C3-C4 and C4-C5 on 07/25/14 reporting approximately 90% reduction in pain. He also had a lumbar rhizotomy at the bilateral L4-5 and L5-S1 facet joints on 6/27/14, reporting pain in his low back has decreased slightly at this time. He has previously had epidural steroid injections of the lumbar spine which did not help with his pain. This was bilateral L4, L5, S1

nerve roots transforaminal ESI on 5/31/13. He is currently working modified duty. Current medications include Norco 10/325 mg 5 times per week for severe pain, tramadol ER 150 mg once per day, Flexeril 10 mg once per day for muscle spasm, Topamax 50 mg 1 time per day for neuropathic pain. Reports medications help decrease his pain by about 50% temporarily. He has a history of GI upset but takes Prilosec that helps decrease symptoms. Objective findings on exam revealed lumbar extension limited to 5 secondary to increased pain. There was a positive straight leg raise on the right at 80 to the posterior knee. It was recommended the patient undergo epidural steroid injections targeting the right L4, L5 and S1 nerve roots. There was reference to an MRI of the lumbar spine; however, this was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (TFESI), Quantity One for L4, L5 and S1 Nerve Roots: Upheld

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

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

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Repeat epidural steroid injections can be an option when there is documented greater than 50% pain relief for six to eight weeks, documentation of objective functional improvement and a reduction in medication usage. In this case, there are no objective findings on examination indicative of radiculopathy, and there were no corroborative imaging studies included for review. Most recent examination does not identify any deficits with strength, sensation, or reflexes to suggest the presence of active lumbar radiculopathy. Pain level was rated at 0-1/10, which would not indicate an invasive procedure would be medically necessary. There is reference to an MRI of the lumbar spine having been performed, yet this was not included for review. Additionally, it was noted the patient has previously undergone lumbar epidural steroid injections at this level and reported no benefit. Guideline criteria for a repeat epidural steroid injection has not been met. Guidelines recommend no more than 2 nerve root levels be injected using transforaminal blocks, and 3 levels are currently requested. Thus, the current requested Transforaminal Epidural Steroid Injection (TFESI), quantity one for L4, L5, and S1 nerve roots is not medically necessary and is non-certified.