

Case Number:	CM14-0154791		
Date Assigned:	09/24/2014	Date of Injury:	06/01/2005
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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:

The patient is a 51-year-old female who has submitted a claim for chronic right radiculopathy associated with an industrial injury date of 06/01/2005. Medical records from 03/25/2014 to 09/03/2014 were reviewed and showed that patient complained of low back pain graded 4/10 radiating down the legs. Physical examination revealed tenderness over lumbar paraspinal muscles, decreased lumbar range of motion (ROM), positive slight leg rise (SLR) test on the right at 80 degrees, weakness of extensor hallucis longus, and intact sensation of lower extremities. Magnetic resonance imaging (MRI) of the lumbar spine dated 04/23/2014 did not reveal neurologic compromise. Treatment to date has included Flexeril, Ibuprofen, Ambien, right L5-S1 ESI (05/09/2014), and physical therapy. Of note, there was no documentation of functional outcome from pain medications and physical therapy. The patient reported 50% pain relief for unspecified duration with right L5-S1 ESI. Utilization review dated 09/10/2014 denied the request for Lumbar spine epidural injection #2 because there was no specified duration of pain relief from previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural injection #2: 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 Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (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; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session; 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, the patient complained of low back pain graded 4/10 radiating down the legs. Physical examination revealed weakness of extensor hallucis longus and intact sensation of lower extremities. However, the patient's clinical manifestations were inconsistent with focal neurologic deficit to support presence of radiculopathy. Moreover, MRI of the lumbar spine was done on 04/23/2014 that did not reveal specific nerve compromise. The patient underwent right L5-S1 ESI on 05/09/2014 that provided 50% pain relief for unspecified duration. The guidelines require pain relief of at least 50% that is sustained for 6 to 8 weeks prior to approval of repeat ESI. The request likewise failed to specify the level of ESI and if the procedure will be done under fluoroscopic guidance. Therefore, the request for Lumbar spine epidural injection #2 is not medically necessary.