

Case Number:	CM14-0162435		
Date Assigned:	10/07/2014	Date of Injury:	01/26/2012
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Illinois. 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 injured worker is a 37-year-old male who reported an injury on 01/26/2012. The mechanism of injury was not provided. The injured worker's diagnoses include lumbar degenerative disc disease at L3-4 and L4-5, mild disc bulge at L3-4, chronic low back pain, and neuropathic pain in both legs. The injured worker's past treatments included acupuncture, physical therapy, injections, stretches, and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 05/25/2014 that revealed osteophytes ventrally at multiple levels, including L1 through L5, degenerative disc disease with disc bulge noted at L3-4 and L4-5, and mild diffuse disc bulge and facet hypertrophy at L2-3. There was bilateral neural foraminal narrowing present at L3-4 and L4-5. Lumbar x-rays taken on 05/27/2014 indicate disc space narrowing with small dorsal osteophytes at the L3-4 and L4-5 levels. Slight dorsal subluxation at L3-4 without instability was noted, and no instability was demonstrated at any level. The injured worker had no relevant surgeries documented. However, he was noted to have had bilateral L3-4 and L4-5 transforaminal epidural steroid injections performed on 07/30/2013, 02/10/2014, 03/17/2014, and 04/14/2014. On 08/28/2014, the injured worker complained of a recent flare up of pain. He reported that no medications helped him during his flare-up except the injection of Toradol IM he received at an urgent care center. He reported that currently he was much more comfortable, able to go to work, and had less spasm, but remained in daily pain with limited tolerance for standing or bending. Upon physical examination, the injured worker was noted to have tenderness to palpation with increased tone of the bilateral thoracolumbar paraspinal muscles. He was noted with moderately limited range of motion in the lumbar spine in all planes. Sensation was intact to the bilateral lower extremities, and motor strength was 5/5 in the bilateral lower extremities. The injured worker's medications included Lexapro 10 mg, ES Tylenol, Celebrex, and Robaxin. The request was for bilateral l3-4, l4-1

transforaminal epidural steroid injection using fluoroscopy and sedation. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L Transforaminal Epidural Steroid Injection Using Fluoroscopy and Sedation: 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 Page(s): 46.

Decision rationale: The request for a Bilateral L3-L4, L4-L Transforaminal Epidural Steroid Injection Using Fluoroscopy and Sedation is not medically necessary. The California MTUS Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The most current guidelines recommend no more than 2 ESIs. Current recommendations suggest a second epidural steroid injection if partial success is produced with the first injection; a third ESI is rarely recommended. Epidural steroid injections can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Repeat blocks should be based on continued documented objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker reported a recent flare-up of pain. However, the documentation did not include a complete and thorough pain assessment to include a current quantified pain, the least reported pain since the last assessment, intensity of pain after taking medications, and how long pain relief lasts. The documentation did not provide evidence of significant objective functional gains. The lumbar spine range of motion was moderately limited in all planes. Upon examination, there were no significant neurological deficits. His sensation was intact bilaterally and his motor strength was 5/5 bilaterally. The documentation did not indicate that the medication was reduced for any period. In the absence of documentation with evidence of objective findings to indicate radiculopathy, evidence of tried and failed conservative treatment to include physical therapy, home exercise, and medications, objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks, and evidence of participation or intent to participate in a more active treatment program, the request is not supported. Therefore, the request is not medically necessary.

