

Case Number:	CM14-0028657		
Date Assigned:	06/16/2014	Date of Injury:	01/14/2008
Decision Date:	09/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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:

This is a 47 year old male with a 1/14/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 5/21/14 noted subjective complaints of increased low back pain and bilateral lower extremity pain, rated at 8/10. Objective findings included 5/5 strength in lower extremities, decreased sensation to pinprick in the bilateral lower extremities, and symmetrical DTRs noted in ankles and knees. He had difficulty walking on toes and heels. Tenderness was elicited to palpation of the lower lumbar spine. There are no available MRIs available for review. There are no EMG/NCV studies available for review. Diagnostic Impression includes lumbar degenerative disc disease and lumbar radiculopathy. Treatment to Date includes medication management and a prior epidural steroid injection. A UR decision dated 2/19/14 denied the request for lumbar epidural steroid injection 2 level bilateral under fluoroscopy. While decreased sensation in the lower extremities is noted on exam, this is not noted in a specific dermatomal pattern. The medical records do not establish evidence of a neural compressive lesion on MRI. The electrodiagnostic study was normal. Also, the medical records do not establish the precise quantification and duration of pain relief achieved from the previously rendered epidural steroid injection. Guidelines recommend at least 50% pain relief for six to eight weeks with associated reduction of medication use prior to considering repeat injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral Lumbar Epidural Steroid Injections at L5-S1 with Fluoroscopic Guidance and Localization of Needle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the patient does not have clinical exam findings consistent with radiculopathy. There is noted to be decreased sensation on physical examination, however no specific dermatomal pattern of distribution is noted. Additionally, there are no imaging study reports such as MRI, EMG or NCV available for review. Furthermore, it was noted in the records that the patient had a previous epidural steroid injection. There is, however, no mention of the quantitative efficacy of this modality for improvement of the patient's symptoms. Therefore, the request for 2 bilateral lumbar epidural steroid injections at L5-S1 with fluoroscopic guidance and localization of needle is not medically necessary.

2 Bilateral Lumbar Epidural Steroid Injections at L4-5 with Fluoroscopic Guidance and Localization of Needle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the patient does not have clinical exam findings consistent with radiculopathy. There is noted to be decreased sensation on physical examination, however no specific dermatomal pattern of distribution is noted. Additionally, there are no imaging study reports such as MRI, EMG or NCV available for review. Furthermore, it was noted in the records that the patient had a previous epidural steroid injection. There is, however, no mention of the quantitative efficacy of this modality for

improvement of the patient's symptoms. Therefore, the request for 2 bilateral lumbar epidural steroid injections at L4-L5 with fluoroscopic guidance and localization of needle is not medically necessary.