

Case Number:	CM14-0092757		
Date Assigned:	07/25/2014	Date of Injury:	04/15/2011
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 California and Washington. 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 53-year-old male, who reported an injury 04/15/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/13/2014 indicated diagnoses of lumbar pain and lumbar strain and chronic pain syndrome and numbness and myalgia, osteopenia. The injured worker reported mid to low back pain; however, he felt he was stable with no worsening symptoms. The injured worker reported he felt that his pain was dependent on activity level and he had to be careful with what he did so that he did not increase his pain. The injured worker reported the current pain medications helped with pain control and allowed him to do things around the house. The injured worker reported medications were helpful and well tolerated, including Norco, Flexeril, and Terocin and he was having pain relief with the current medications. The injured worker reported he felt an ease of movement and less muscle spasms with Flexeril. The injured worker described his low back pain as constant aching pain and reported having sharp shooting pains into his left foot. The injured worker reported occasional left leg numbness and tingling, and he reported that his mid back pain was a dull constant ache. The injured worker reported his pain as 9/10 without medications and 5/10 to 8/10 with medications. The injured worker reported the pain worsened with bending, lifting, walking, standing, and sitting. Physical examination of the lumbar spine: There was lumbosacral tenderness to palpation with myofascial restrictions. The injured worker's strength on the left was 4+ with knee extension and hip flexion. Sensation was diminished on the left L4 and L5 dermatomes. The injured worker's right Achilles reflex was 1+ and left Achilles reflex was 1. The injured worker's sciatic notches were painful to palpation bilaterally, and sacroiliac joints were tender to palpation bilaterally. The injured worker had a positive Patrick and Gaenslen sign. The injured worker's straight leg raise was positive on the left with trigger point tenderness at T9-10, T10-11, L4-5, and L5-S1. An unofficial MRI, dated 07/12/2012, indicated

at L5-S1 the spinal canal and neural foramina are widely patent. The existing roots have an unremarkable appearance. The impression is stable focus of punctate intermediate signal with the dorsal annulus at L4-5. This does not have a typical high signal intensity of an annular fissure. Otherwise, negative MRI of the lumbar spine. The MRI, dated 05/13/2014, indicated no interval changes from previous MRI on 07/12/2012. The injured worker's treatment plan included continue with medication management. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Effexor, Flexeril, and Norco. The provider submitted a request for epidural steroid injection to the bilateral S1 under fluoroscopic guidance. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection to the Bilateral S1 Under Flourscopic Guidance:
Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection to the Bilateral S1 Under Flourscopic Guidance is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. In the therapeutic phase, 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is lack of evidence in the documentation provided of exhaustion of conservative therapy, such as physical therapy. In addition, the official MRI does not corroborate radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection to the Bilateral S1 Under Flourscopic Guidance is not medically necessary.