

Case Number:	CM14-0097229		
Date Assigned:	07/28/2014	Date of Injury:	07/11/2010
Decision Date:	09/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 is licensed to practice in Texas and Oklahoma. 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 75-year-old male with a reported date of injury of 07/11/2010. The injury reportedly occurred when the injured worker suddenly fell 8 feet from a production machine. His diagnoses were noted to include cervical spondylosis, severe left neural foraminal stenosis at C4-5, severe left and moderate right neural foraminal stenosis at C3-4, mild to moderate right and left neural foraminal stenosis C5-6, mild to moderate left neural foraminal stenosis C6-7, lumbar strain, lumbar spondylosis, 2 to 3 mm anterolisthesis L4-5 with moderate facet arthropathy resulting in moderate right lateral recess stenosis L4-5, 1 mm anterolisthesis L5-S1 with mild to moderate right and left neural foraminal stenosis L5-S1, left shoulder impingement, and status post right shoulder arthroscopy. His previous treatments were noted to include physical therapy, medications, surgery, and lumbar epidural injections. An MRI of the lumbar spine, performed 11/12/2013 revealed at L4-5 there was a 2 mm to 3 mm degenerative anterolisthesis of L4 with respect to L5. There is 3 mm to 4 mm diffuse bulging of the annulus in combination with moderate facet hypertrophy which moderately narrows the canal, particularly the right lateral recess and mildly narrows the right neural foramen without impingement of the exiting right L4 nerve root. The anterolisthesis may have been new, but comparison was made to the previous report. The progress note dated 07/21/2014 revealed the injured worker complained of severe incapacitating low back pain that radiated into his buttocks, bilateral, lateral and posterior thighs and calves to his feet, associated with numbness and tingling. The physical examination of the lumbar spine revealed range of motion was markedly restricted in all planes with pain and motor strength function of the lower extremities was grossly intact. There was diffuse numbness in the anterior shins and feet bilaterally. The provider indicated the injured worker has received previous lumbar epidural steroid injections. The Request for Authorization Form dated 05/13/2014 was for epidural injections L4-5, due to spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5: Upheld

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

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

Decision rationale: The request for a lumbar epidural steroid injection to L4-5 is not medically necessary. The injured worker has had previous lumbar epidural steroid injections. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for these epidural steroid injections are: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs [NSAIDs], and muscle relaxants); and the injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be performed at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is lack of documentation regarding the efficacy of previous epidural steroid injections. There is a lack of documentation regarding a positive straight leg raise, decreased sensation, decreased strength, or decreased deep tendon reflexes in a specific dermatomal distribution. Therefore, the request is not medically necessary or appropriate.