

Case Number:	CM13-0064727		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2009
Decision Date:	03/05/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male who sustained a work related injury January 8, 2009. An MRI of the lumbar spine, dated September 3, 2013(present in medical record), reveals disc bulges and protrusions measuring 1-2mm throughout the mid to lower lumbar spine. According to a progress report dated October 15, 2013, the injured worker presented for a follow-up visit for his constant lower back pain described as dull, sharp, burning, stabbing, tingling and aching. He is currently taking Vicodin and using Flurbiprofen/Gabapentin/Lidocaine rub and Tramadol/Baclofen rub with some pain relief. Physician examination reveals the injured worker walk with a limp favoring his left leg. There is limited range of motion of the lumbar spine in all directions except for extension, secondary to increased pain, tightness and stiffness. Significant tenderness is present over the lumbar spinous process and interspaces from L3-S1. There is tenderness over the facet joints from L3-S1 bilaterally with a positive provocation test; tenderness over the sacroiliac joints bilaterally; and tightness tenderness and trigger points in the lumbar paravertebral, quadratus lumborum, gluteus medius, maximus and piriformis muscles on the left. There is a positive leg raise in the sitting position at 60 degrees on the left and negative on the right. Lower extremity reflexes were present at the patella bilaterally, present at the right Achilles and severely diminished at the left Achilles. Sensory exam showed diminished sensation to touch at the left L4, L5, and S1 nerve root distributions. Treatment plan included continued follow-up with other physicians, continue medications as ordered with counseling on medications, continue with activities and exercises at home as tolerated and request for lumbar epidural steroid injection at L3-4 and L5-S1. Work status is not documented for this

visit. According to utilization review performed November 25, 2013, the request for Lumbar Epidural Steroid Injection L3-L4, L5-S1 is non-certified. Citing MTUS Guidelines, epidural steroid injections (ESI) are recommended when radiculopathy is present and has been documented by both MRI and clinical findings. The documentation provided for review did not support the recommended guidelines.

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 L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Low Back ESI

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) 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. Radiculopathy does not appear to be documented with both exam and imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for LUMBAR EPIDURAL STEROID INJECTION AT L3-L4, L5-S1 is not medically necessary.