

Case Number:	CM14-0163245		
Date Assigned:	10/08/2014	Date of Injury:	07/02/2009
Decision Date:	03/31/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 74-year-old male who sustained an industrial injury on 7/2/09. Injury occurred when he lifted a heavy box and immediately experienced groin and low back pain. Conservative treatments included medications, non-steroidal anti-inflammatories, physical therapy, yoga, and 2 lumbar injections, which provided 2-3 months of relief. The 7/14/14 treating provider report recommended lumbar L5-S1 epidural steroid injection to due to worsening symptoms and as supported by the 4/1/14 Agreed Medical Examiner recommendation for lumbar epidural steroid injection. The 9/8/14 treating physician report cited persistent constant sharp lower back pain with anteroposterior buttock/leg pain, and bilateral leg numbness. The patient was depressed and stressed due to the pain. Physical exam documented mild to moderate loss of range of motion, and mild lumbar tenderness. Neurologic exam documented bilateral extensor hallucis longus 4-/5 weakness, positive left nerve tension signs, decreased bilateral L5 dermatomal sensation, decreased bilateral lower extremity deep tendon reflexes, and inability to perform heel and toe walk. The treating physician reported lumbar MRI findings of spinal stenosis at L3/4 and L4/5 with moderate to large disc protrusion, and L5/S1 herniation with mild protrusion with minimal caudal extension and posterior displacement of the distal thecal sac and abutment on both intraspinal nerve root sleeves. On 9/25/14, Utilization review non-certified the request for lumbar epidural steroid injection at L5-S1, bilaterally citing MTUS: Chronic pain Medical treatment Guidelines: Epidural Steroid Injections. The rationale indicated that there was no documentation of 50% pain relief for 6 to 8 weeks in a pain diary, or demonstrated objective

functional improvement and reduction in medication usage with prior lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 -bilateral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat injections 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. Guideline criteria have been met. This patient presents with significant function-limiting low back and lower extremity radiculopathy. Clinical exam findings are consistent with imaging evidence of L5/S1 nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Prior lumbar epidural steroid injections with a different provider were documented as providing several months of relief. Although the specifics of that relief are not documented, the recent AME recommendations support lumbar epidural steroid injection for worsening symptoms. Given the worsening pain complaints and confirmatory findings of radiculopathy, this request is reasonable. Therefore, this request is medically necessary.