

Case Number:	CM15-0120802		
Date Assigned:	07/01/2015	Date of Injury:	10/07/1992
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 10/07/1992. Mechanism of injury was not documented. Diagnoses include severe back pain, failed back surgery with L5-S1 radiculopathy, failed knee surgery, left L5-S1 radiculopathy, and morbid obesity-has gained 100 pounds since his accident. Treatment to date has included diagnostic studies, status post lumbar surgery in 2008, medications, and physical therapy. On 03/26/2015 a computed tomography myelogram of the lumbar spine showed bilateral facet arthropathy at T10-11. There is mild retrolisthesis of L1 on L2 with mild narrowing of the interspace and effacement of adjacent anterior thecal sac. There is a very mild retrolisthesis of L2 on L3 with mild facet arthropathy. Grade 4 spondylolisthesis of L5 on S1 on this study. Urine drug screens are consistent with his medications. A physician progress note dated 06/01/2015 documents the injured worker is still complaining of cramping in the ball of the right foot. His pain level on medications is 3 out of 10, but can creep up to 8 out of 10 in no time in his back and leg. Without medications, his pain is rated at 10 out of 10. The physical examination of the left foot revealed swelling and tenderness on palpation. He has to take Tramadol to do anything physical. Restoril is no help for sleeping, but Lunesta helps. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes medication management. Treatment requested is for one L5/S1 Translaminar epidural steroid injections. The medication list include Lunesta, Amrix, Flomax, Celebrex, Soma, Tramadol, Norco and Lexapro. The patient has used a TENS unit. Per note, dated 4/10/15 patient had complaints of low back pain at 3-10/10 with radiation of pain in bilateral feet. Physical examination low back revealed limited

range of motion. A recent detailed physical examination of the lumbar spine was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L5/S1 Translaminar epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Request: L5/S1 Translaminar epidural steroid injections. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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." Per the cited guideline, criteria for ESI are: "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)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, medications like anticonvulsants for chronic pain, was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for L5/S1 Translaminar epidural steroid injections is not fully established for this patient.