

Case Number:	CM14-0066485		
Date Assigned:	07/11/2014	Date of Injury:	02/14/1989
Decision Date:	08/11/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male who reported an industrial injury on 2/14/1989. His diagnoses, and/or impressions, are noted to include: lumbar spondylosis with severe lumbosacral degenerative disc disease and bilateral foraminal stenosis; and sciatica. No current electro-diagnostic or imaging studies were noted. His treatments have included a home exercise program; activity modifications; heat/ice therapy; cessation of smoking; medication management; and lumbar epidural steroid injections on 12/17/2013-effective. The progress notes of 1/2/2014 noted a follow-up status-post lumbosacral epidural steroid injection the previous visit which reported an initial worsening of pain after the lumbosacral epidural steroid injections, from the previous visit, but then with noted slow improvement in his pain. Objective findings were noted to include no acute or chronic distress with no noted symptomatology upon assessment. The physician's requests for treatments were noted to include repeat lumbosacral transforaminal epidural steroid injections, due to this being the injured workers preference over surgical decompression. No Request for Authorization Form was noted in the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - Steroid Transforaminal Epidural (Repeat Injection), To Left L4-5, L5-S1
QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 12/17/13 progress report provided by treating physician, the patient has a history of low back and radiating to left leg. Per 05/23/14 report, the patient presents for follow up after steroid injection. The request is for INJECTION-STERIOD TRANSFORAMINAL EPIDURAL (REPEAT INJECTION), TO LEFT L4-5, L5-S1 QTY: 1. RFA with the request not provided. Patient's diagnosis on 05/23/14 includes sciatica, lumbar spondylosis and lumbar degenerative disc disease. Treatment to date has included imaging studies, lumbar ESI's, physical therapy, heat/ice, home exercise program, and medications. Work status not provided. Treatment reports provided from 07/09/12-05/22/14. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and "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." Physical examination on 05/23/14 revealed range of motion to be mildly limited on extension. Straight leg raise test positive on the left. MRI of the lumbar spine dated 07/09/12 demonstrated "Severe bilateral neural foraminal narrowing is present at L4-5. Moderate neural foraminal narrowing is present on the left at L5-S1." Treater has supported patient's radicular symptoms to left lower extremity with physical examination findings, which are corroborated by MRI study. Initial trial of ESI would appear to be indicated by guidelines. However per 07/28/13 report, the patient had left L4-5 and L5-S1 TFESI on 06/28/13, and treater states "Pain got worse after [the patient's] last appointment but now it's back to the same as before injury." Progress report 12/17/13 states the patient "continues to struggle with left sided thigh and leg pain and weakness. He is considering surgical decompression but would like to try one more injection as he has had moderate relief with the past 2 epidural injections." Per 05/22/15 report, treater states "Pain was initially worsened after the injection but this seems to be improving slowly [the patient] has had considerable relief in the past with epidural injections so I recommend that provisions be made for future injections should he need them." In this case, treater has not documented "at least 50% pain relief with associated reduction of medication use for six to eight weeks." This request for repeat lumbar ESI, which would be the patient's 3rd procedure, is not in accordance with guidelines and cannot be warranted. Therefore, the request is not medically necessary.