

Case Number:	CM13-0007487		
Date Assigned:	04/23/2014	Date of Injury:	05/10/1986
Decision Date:	06/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is an 80 year old male who was injured on 05/10/1986. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing right L5 transforaminal epidural steroid injection, single level on 08/01/2012, 06/05/2013, and 03/26/2014. The patient's medication includes Neurontin 600 mg 1 po bid. PR-2 dated 07/18/2013 documented the patient with complaints of right extremity pain and numbness worse when walking and relieved when sitting. VAS pain level is 4/10. CT scan of lumbar spine revealed severe L3-4, L4-5, and L5-S1 foraminal stenosis. Objective findings on exam revealed straight leg raise was negative. He had decreased sensation at the right L5. DTR is absent in patellar and Achilles. Motor strength was 5/5 in right lower extremities, and Pulses 1+. Diagnoses are Severe multilevel spinal stenosis, Facet spondylosis, and Lumbar spine radiculopathy. Treatment Plan: The patient had 80% relief with ESI last year. Advise right L5 ESI #3 and to continue with Neurontin 600 mg bid. PR-2 dated 04/03/2014 documented the patient stating shin pain 75% improved but still has ankle discomfort with sitting and walking. He received 75% relief with ESI of right L5 #1. Objective findings one exam revealed L3-S1 intact in bilateral lower extremities. Treatment Plan: Request right L5 ESI, #3. DTR was absent in patellar and Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) EPIDURAL STEROID INJECTION L5 #3: 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(s): 46.

Decision rationale: According to the California MTUS guidelines, "Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain, but not more than 2 injections. The guidelines document criteria for ESIs: 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Although the submitted medical records document 75% pain relief with ESI, a third steroid injection is not recommended according to the MTUS guidelines. Furthermore, there is no documentation of a reduction in the patient's pain medications or length of time for pain relief. The request for epidural steroid injection, L5 #3 is not medically necessary and appropriate.